

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-005024  
STATE FILE NUMBER

AMENDED

Registration District No. 115446 Primary Registration District No. 3020 Registrar's No. 39

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Franklin</b>	a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington</b>	Length of stay in lb <b>2 days</b>	c. CITY OR TOWN <b>Washington</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hosp</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>R. R. 1 East Box 210</b>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <b>Caryl</b> Middle <b>Mariann</b> Last <b>Trentmann</b>	4. DATE OF DEATH	Month <b>February</b> Day <b>10</b> Year <b>1961</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/10/61</b>	9. AGE (last birthday)	IF UNDER 1 YEAR Months <b>-</b> Days <b>-</b>	IF UNDER 24 HR Hours <b>5</b> Min. <b>30</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and state or country) <b>Washington, Mo., U.S.A.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Wilbert Wm. Trentmann</b>	13b. MOTHER'S MAIDEN NAME <b>Geraldine Rose Dehn</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Wilbert Wm. Trentmann, Washington</b>	Address <b>R. R. 1 E. Box 210</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH <b>5 1/2 hrs</b>
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) <b>Premature Birth</b>	DUE TO (b) _____	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY	Hour _____ Month, Day, Year _____
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 1-10-1961 to 1-10-1961 and last saw her live on 1-10-1961  
Death occurred at 7:30 p.m. CST on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>B. A. Stuhlman M.D.</b>	22b. ADDRESS <b>318 E. Sunset Union, Mo</b>	22c. DATE SIGNED <b>2-11-1961</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2/11/1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Johns Church Cem.</b>	23d. LOCATION (City, town, or county) <b>Villa Ridge, Mo.</b>	(State)
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24. FUNERAL DIRECTOR <b>Henry W. Otto, Washington, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>2/11/61</b>	26. REGISTRAR'S SIGNATURE <b>B. A. Stuhlman</b>
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF...

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Not embalmed  
Henry W. Otto

Licensed Embalmer No. 3560

P. O. Address Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.