MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-014599
STATE FILE NUMBER

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

Registration District No. 231 Primary Registration District No. — Registrar's No. 82

FILED MAY 8 1961

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Graham — Length of stay in 1b: 61 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home — Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Nodaway
c. CITY OR TOWN Graham — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First: Elsie Middle: A. Last: Troth
4. DATE OF DEATH Month, Day, Year: 4-18-1961
5. SEX: Female
6. COLOR OR RACE: Cau.
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-15-1899
9. AGE (last birthday): 61
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife
10b. KIND OF BUSINESS OR INDUSTRY: Home-own
11. BIRTHPLACE (City and state or country): Barnard, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Dwight Davis
13b. MOTHER'S MAIDEN NAME: Laura B. Smith
14. NAME OF HUSBAND OR WIFE: Montgomery N. Troth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Montgomery N. Troth, Graham Mo. (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — ?
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Old Cerebral hemorrhage & hemiplegia
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from — to 4/18/61 and last saw her/him alive on —
Death occurred at 8:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) B. K. Boland MD
22b. ADDRESS Maryville Missouri
22c. DATE SIGNED 4/18/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-20-1961
23c. NAME OF CEMETERY OR CREMATORY: Graham Mo.
23d. LOCATION (City, town, or county) (State): Graham - Mo.
24. FUNERAL DIRECTOR: Atchison Funeral Home
ADDRESS: Maryville Mo.
25. DATE RECD. BY LOCAL REG.: 4-25-61
26. REGISTRAR'S SIGNATURE: Beso Wolf

(Licensed Embalmer's Statement on Reverse Side)

MAY 9 1961

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 G. M. Atkinson

Licensed Embalmer No. 2271

P. O. Address Maryville

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.