

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-041613

STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 12

AMENDED

FILED DEC 7 1961	
1. PLACE OF DEATH	
a. COUNTY <u>LAWRENCE</u>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE <u>MISSOURI</u> COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>AURORA</u> Length of stay in 1b <u>YRS</u>	
c. CITY OR TOWN <u>AURORA</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>AURORA HOSPITAL</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) <u>225 JEFFERSON</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>DOROTHY</u> Middle <u>FRANCES</u> Last <u>TROUGHTON</u>	
4. DATE OF DEATH Month <u>DEC.</u> Day <u>3</u> Year <u>1961</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/29/17</u>
9. AGE (last birthday) <u>44</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>
11. BIRTHPLACE (City and state or country) <u>Aurora, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>John Troughton</u>	13b. MOTHER'S MAIDEN NAME <u>Maude Lane</u>
14. NAME OF HUSBAND OR WIFE <u> </u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u> </u>
17. INFORMANT <u>John Troughton</u>	Address <u>Aurora, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Shock, Surgical</u> INTERVAL BETWEEN ONSET AND DEATH <u>18 Hours</u>	
DUE TO (b) <u>Abcess, Massive, Abdominal Wall, Anterior 8 days</u>	
DUE TO (c) <u>Rupture of Transverse Colon into Hernial Sac 8 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hernia, Umbilical, Massive</u> <u>Hydrocephalus, Acquired</u>	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)	
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION <u>Aurora, Mo.</u> COUNTY <u> </u> STATE <u> </u>	
21. I attended the deceased from <u>October 1, 1961</u> to <u>Dec. 3, 1961</u> and last saw her <u>Dec. 3, 1961</u> alive on <u> </u> Death occurred at <u>8:10 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Kenneth L. Helsey M.D.</u>	22b. ADDRESS <u>Aurora, Mo.</u>
22c. DATE SIGNED <u>Dec. 4, 1961</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/5/61</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>	23d. LOCATION (City, town, or county) (State) <u>Aurora, Mo.</u>
24. FUNERAL DIRECTOR <u>ARNOLD'S</u> ADDRESS <u>FUNERAL HOME: AURORA, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>12-5-61</u>
	26. REGISTRAR'S SIGNATURE <u>George L. Langley</u>

DATE AWIENED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

Issued Dec. 5, 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 James D Crafton

Licensed Embalmer No. 4668

P. O. Address Aurora, Ill

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.