

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031351

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4407

FILED SEP 10 1962

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

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BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 75 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson Co. Emerg. Hosp Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Grandview Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 116 Duck Road Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Roy Middle Trott Last Trott
4. DATE OF DEATH Month 8 Day 24 Year 62

5. SEX Male 6. COLOR OR RACE Wh 7. Married Never Married
Widowed Divorced 8. DATE OF BIRTH 8-18-85 9. AGE (last birthday) 77
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) Meat Cutter
10b. KIND OF BUSINESS OR INDUSTRY Retail
11. BIRTHPLACE (City and state or country) Kansas City, Kansas 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Alexander Trott 13b. MOTHER'S MAIDEN NAME Colista Morrison 14. NAME OF HUSBAND OR WIFE Ethelyn Trott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. [Redacted] 17. INFORMANT Ethelyn Trott, 116 Duck Rd. Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____
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. 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 _____ Month, Day, Year _____ a.m. p.m.

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 8-20-62 to 8-24-62 and last saw him alive on 8-23-62
Death occurred at 7:35 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J.P. McCalla, MD. 22b. ADDRESS Jackson Co. Hospital Kansas City Mo 22c. DATE SIGNED 8-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 8-27-62 23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery 23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR E.K. George & Sons, Inc, Grandview, Mo. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 8-26-62 26. REGISTRAR'S SIGNATURE Ruth Long

USE BLACK INK OR TYPEWRITER RIBBON

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 Jimmy S. Hucksom
Licensed Embalmer No. 4092

P. O. Address Bellton, Mo.

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.