

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007342

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 89

STATE FILE NUMBER

**FILED FEB 21 1963**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jasper</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin</b> Length of stay in 1b <b>18 days</b> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Freeman Hospital</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Jasper</b> c. CITY OR TOWN <b>Webb City,</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>516 S. Ball St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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<b>3. NAME OF DECEASED</b> First <b>Walter</b> Middle <b>Troup</b> Last <b>Troup</b>			<b>4. DATE OF DEATH</b> Month <b>February</b> Day <b>15,</b> Year <b>1963</b>				
<b>5. SEX</b> Male	<b>6. COLOR OR RACE</b> White	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> 1-16-1880	<b>9. AGE</b> (last birthday) 83	<b>IF UNDER 1 YEAR</b> Months Days Hours Min.	<b>IF UNDER 24 HR</b> 	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Transfer &amp; Storage Operator</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Transfer &amp; Storage Operator</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>Prosperity, Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>	
<b>13a. FATHER'S NAME</b> James Robert Troup			<b>13b. MOTHER'S MAIDEN NAME</b> Lucy J. Greening		<b>14. NAME OF HUSBAND OR WIFE</b> Cecelia Troup		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) (If yes, give war or dates of service) no			<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT</b> Address Cecelia Troup 516 S. Ball St. Webb City, Mo.		

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Arteriosclerotic Heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>60 hours</b> unknown unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Renal diabetes, Chronic cystitis,</b>		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

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>			
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		COUNTY	STATE

21: I attended the deceased from 2-5-49 to 2-15-63 and last saw <sup>her</sup>him alive on 2-15-63  
 Death occurred at 9:30A m on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <i>Rm Ferguson</i> M.D.	<b>22b. ADDRESS</b> Webb City, Mo.	<b>22c. DATE SIGNED</b> 2-15-63
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<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) Burial	<b>23b. DATE</b> 2-18-63	<b>23c. NAME OF CEMETERY OR CREMATORY</b> Webb City Cemetery	<b>23d. LOCATION</b> (City, town, or county) (State) Webb City, Mo.
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<b>24. FUNERAL DIRECTOR</b> ADDRESS Johnston-Simpson, Webb City, Mo.	<b>25. DATE RECD. BY LOCAL REG.</b> 2-18-1963	<b>26. REGISTRAR'S SIGNATURE</b> <i>Dove Merriam</i>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
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 DATE AMENDED  
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**STATEMENT BY LICENSED EMBALMER**

C-H

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

*Jack C. Simpson*

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.

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