

FILED FEB 1 1953

STANDARD CERTIFICATE OF DEATH

1238

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>4212</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>HENRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>HENRY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BLAIRSTOWN</u>		c. LENGTH OF STAY (to this place) <u>20 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BLAIRSTOWN</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HER HOME</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u> b. (Middle) <u>M.</u> c. (Last) <u>TRELLHAUER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 24, 1953</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>MARCH 19, 1882</u>		9. AGE (In years last birthday) <u>70</u>	10. IF UNDER 1 YEAR Months <u>10</u> Days <u>5</u>	11. IF UNDER 12 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>HENRY CO. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN TRELLHAUER</u>			13b. MOTHER'S MAIDEN NAME <u>LENA COLLET</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Blairstown</u> ADDRESS <u>Miss Emma Trellhauser, Blairstown, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crownary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) <u>Atherosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____			
22. I hereby certify that I attended the deceased from <u>1-24</u> , 19 <u>53</u> , to <u>1-24-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-24-53</u> , 19 <u>53</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J.W. Moreland</u> (Degree or title) <u>2</u>			23b. ADDRESS <u>Holden Mo.</u>		23c. DATE SIGNED <u>1-25-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 26 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BEAR CREEK</u>		24d. LOCATION (City, town, or county) (State) <u>MONROSE MO. B.M.</u>			
DATE REC'D BY LOCAL REG. <u>Jan 26-53</u>	REGISTRAR'S SIGNATURE <u>Florence Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.D. Vincent</u>		ADDRESS <u>Blairton, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 5 1953

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
Student Embalmer

Signed N. J. Tausant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.