

FILED MAY 18 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 16581

BIRTH NO.		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 5726		Registrar's No. 58	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Seaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Macon</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Memphis</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still-Hildreth San</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Foster</u>		b. (Middle) <u>Trueblood</u>		c. (Last) <u>Trueblood</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>4 26 1949</u>		5. SEX <u>MD</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Y</u>	
8. DATE OF BIRTH <u>Aug 9 1865</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 4 WKS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>No record</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Henry Co. Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Alfred Trueblood</u>		13b. MOTHER'S MAIDEN NAME <u>Rosanna Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Trueblood</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.		17. INFORMANT'S SIGNATURE OR NAME <u>Glenn Trueblood</u>		ADDRESS <u>Artula 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile psychosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <u>unknown</u>  <u>4500</u>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Mar 19, 1949</u> , to <u>April 26, 1949</u> , that I last saw the deceased alive on <u>Apr 26, 1949</u> , and that death occurred at <u>2:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Floyd E. Dunn, M.D.</u>				23b. ADDRESS <u>Still-Hildreth San</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>April 29</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Seaway Mo</u>	
DATE REC'D BY LOCAL REG. <u>5/9/49</u>		REGISTRAR'S SIGNATURE <u>Pat McNeely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Burt</u>		ADDRESS <u>Memphis</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

48

48

JUN 3

1949

RECEIVED

District Health Officer No.

District File Number 5-49

MAY 17 1949

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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

4758

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.