

FILED OCT 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30038

State File No. ....

REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5543 Registrar's No. 19

BIRTH NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Monroe</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural (Boons Lick)</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Paris</b>	
c. LENGTH OF STAY (in this place) <b>13yrs</b>		d. STREET ADDRESS (If rural, give location) <b>-----</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION; <b>-----</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Dallas</b> b. (Middle) <b>Dayton</b> c. (Last) <b>Trussell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 2, 1949</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>April 11, 1885</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Coal Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>Thomas Trussell</b>	13b. MOTHER'S MAIDEN NAME <b>Josephine Gamble</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>493-12-3488</b>	17. INFORMANT'S SIGNATURE OR NAME <b>J. Trussell</b>	ADDRESS <b>Paris Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<b>Chronic Cardiac-Vascular disease</b>		<b>1 day</b>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Chronic Myocarditis</b>		<b>5 yrs</b>
DUE TO (c)		<b>Old Unhealed Fracture of Hip</b>		<b>4201</b>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>15 yrs</b>
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) <b>Paris</b> <b>Howard</b> <b>MO</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from 9-2, 1949, to 9-2, 1949, that I last saw the deceased alive on 9-2, 1949, and that death occurred at 1 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. Bloomer M.D.</b>	(Degree or title)	23b. ADDRESS <b>Paris Mo</b>	23c. DATE SIGNED <b>9-3-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>9/3/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove</b>	24d. LOCATION (City, town, or county) (State) <b>Paris Missouri</b>
DATE REC'D BY LOCAL REG. <b>Sept 3, 1949</b>	REGISTRAR'S SIGNATURE <b>Walker Audaley</b>	410	25. FUNERAL DIRECTOR'S SIGNATURE <b>Speed + Blakey</b>
ADDRESS <b>Paris Mo</b>			

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

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RECEIVED

OCT 6

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 10-6-49

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 Paul A. Carr  
Licensed Embalmer No. 3340

P. O. Address Fayette 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.