

FILED DEC 7 1949

Dr. Kanagwa

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36706**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **261**

26
5
4

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

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) Jefferson City	
c. LENGTH OF STAY (In this place) 60 yrs		d. STREET ADDRESS (If rural, give location) 322 Adams Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 322 Adams Street			
3. NAME OF DECEASED (Type or Print) a. (First) Lee b. (Middle) None c. (Last) Trueblood		4. DATE OF DEATH (Month) (Day) (Year) Nov-29 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr-5-1869
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Restaurant	11. BIRTHPLACE (State or foreign country) Indiana
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Restaurant		10b. KIND OF BUSINESS OR INDUSTRY Restaurant	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Operator Hamilton Trueblood		13b. MOTHER'S MAIDEN NAME Hattie Morehouse	14. NAME OF HUSBAND OR WIFE Nannie Trueblood
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. None	17. INFORMANT'S SIGNATURE OR NAME Nannie Trueblood, Jefferson City, Mo
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart d. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) Diabetes Mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 268X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 Feb 5, 1947 , to Nov 29, 1949 , that I last saw the deceased alive on Nov 28, 1949 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE D. Kanagwa MD		23b. ADDRESS 1 Ballmeier Bldg	23c. DATE SIGNED 11/29/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec-1-1949	24c. NAME OF CEMETERY OR CREMATORY River View Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.
DATE REC'D BY LOCAL REG. Nov-29-1949	REGISTRAR'S SIGNATURE R.P. Davis MD-NR	25. FUNERAL DIRECTOR'S SIGNATURE Wm. J. Gordon ADDRESS Jefferson City, Mo	

District Health Officer No. 9,
District File Number

RECEIVED
DEC 3 1919

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 Frank P. Dulle

Licensed Embalmer No. 3890

P. O. Address Jefferson City

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.