

FILED JUL 7 - 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20411  
Registrar's No. 2738

|  |                           |   |   |   |   |  |  |
|--|---------------------------|---|---|---|---|--|--|
| BIRTH NO. _____  |                           | REG. DIST. NO. <u>149</u>   |   | PRIMARY REG. DIST. NO. <u>1002</u>  |   | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |                           |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>  |                           | c. LENGTH OF STAY (in this place) <u>45 years</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>   |   | d. STREET ADDRESS (If rural, give location) <u>3120 Wayne</u>                                    |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital Annex</u>   |                           |   |   |   |   |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>BLANCHE</u>   |                           | b. (Middle) <u>D.</u>   |   | c. (Last) <u>TRUSSELL</u>   |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>June 26, 1951</u>                                    |  |
| 5. SEX <u>F</u>  | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>   |   | 8. DATE OF BIRTH <u>Oct. 8, 1878</u>  | 9. AGE (In years last birthday) <u>72</u>                   | IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____                 |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dress designer</u>  |                           | 10b. KIND OF BUSINESS OR INDUSTRY _____   |   | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u>   |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |  |
| 13a. FATHER'S NAME <u>Stephen Doyle</u>  |                           |   | 13b. MOTHER'S MAIDEN NAME <u>Georgina Jones</u> |   | 14. NAME OF HUSBAND OR WIFE <u>Arthur C. Trussell, dec.</u> |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>  |                           | 16. SOCIAL SECURITY NO. <u>499-07-2771</u>  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Leah Doyle, 3120 Wayne, K.C., Mo.</u>   |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.               |                           | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leukemia, severe</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Cancer of Caecum</u><br>DUE TO (c) <u>Local extension &amp; recurrence</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 Mo.</u><br><u>3 yrs.</u><br><u>1 yr.</u><br><u>153X</u> |  |
| 19a. DATE OF OPERATION <u>6/18/48</u>  |                           | 19b. MAJOR FINDINGS OF OPERATION <u>Partial colectomy &amp; resection for ca of caecum</u>  |   |   |   | 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) _____  |                           | 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>6/10, 1946</u> to <u>6/26, 1951</u> , that I last saw the deceased alive on <u>6/26, 1951</u> , and that death occurred at _____ m., from the causes and on the date stated above. |                           |   |   |   |   |  |  |
| 23a. SIGNATURE <u>J. Q. Chambers M.D.</u> (Degree or title)  |                           |   |   | 23b. ADDRESS <u>1103 Grand Ave</u>  |   | 23c. DATE SIGNED <u>6/26/51</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>   |                           | 24b. DATE <u>6-29-51</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>   |   | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>                       |  |
| DATE REC'D BY LOCAL REG. <u>6-27-51</u>  |                           | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE &amp; McCLURE, Kansas City, Mo.</u>   |   |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. J. O. Chambers  
Pres. Bd.  
Bu 4420

1232

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 J. J. Adams

Licensed Embalmer No. 1415

P. O. Address N. C. 770

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.