

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17487

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5945 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St James (Rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>2 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>0124</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ferndale Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Frederick</u> c. (Last) <u>Truberille</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 24, 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Mar. 15, 1893</u>			9. AGE (In years) (If under 1 year, last birthday) (Months) (Days) (Hours) (Min.) <u>49</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Caro, Ill</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>Don't know</u>		13b. MOTHER'S MAIDEN NAME <u>Don't know</u>		14. NAME OF HUSBAND OR WIFE <u>Don't know</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ferndale Nursing Home - St James</u>

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) <u>Chronic myocarditis</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Hypertension</u>		about 3 years	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>and myocardial degeneration</u> DUE TO (c) <u>Hypertension</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443 X</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) <u>Phelps Mo</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 4-10-1952 to April 24, 1952, that I saw the deceased alive on 4-21-1952, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Ammler, M.D.</u>		23b. ADDRESS <u>St. James, Mo.</u>		23c. DATE SIGNED <u>4-26-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 25 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sawson Cem.</u>	
		24d. LOCATION (City, town, or county) (State) <u>St James, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>5/16/52</u>		REGISTRAR'S SIGNATURE <u>Wm. Wayne Roberts</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Oral E. Lisle, St James, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

3870  
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**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 Orval E. Lickliter

Licensed Embalmer No. 3546

P. O. Address 57 Janner Rd

**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.**