

No. 50 FILED OCT 21 1952 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37477
23

BIRTH NO. _____ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 6264 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL HAZELWOOD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL HAZELWOOD	
c. LENGTH OF STAY (in this place) LIFE		d. STREET ADDRESS (If rural, give location) 1120	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) PARIS b. (Middle) TRUSTY c. (Last) TRUSTY			4. DATE OF DEATH (Month) (Day) (Year) OCT 3 1952		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH DEC 26 1890	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 9 Days 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) MARSHFIELD MO	
12. CITIZEN OF WHAT COUNTRY USA					

13a. FATHER'S NAME FRANCIS TRUSTY		13b. MOTHER'S MAIDEN NAME CATHERINE CRAIG		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ADDIE GOOD SANTA ANNA CALIF	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Coronary Thrombosis & Myocardial Infarction			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) Arteriosclerosis			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201			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) m.		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 **4-26-1952** to **10-3-1952**, that I last saw the deceased alive on **10-1-1952**, and that death occurred at **5:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) Dr.		23b. ADDRESS Marshall, Mo.		23c. DATE SIGNED 10/3/52	
--	--	-----------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-5-1952		24c. NAME OF CEMETERY OR CREMATORY TAYLOR		24d. LOCATION (City, town, or county) (State) WEBSTER CO MO	
---	--	----------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. 10-14-1952		REGISTRAR'S SIGNATURE Gilbert Jones 343-3		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BARBER-BARTO MARSHFIELD MO	
--	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

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

Lucien J. Swadley

Licensed Embalmer No. *48156*

P. O. Address *Springfield*

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.