

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5247**

BIRTH NO. FILED FEB 25 1954		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. 33		
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CARTHAGE		c. LENGTH OF STAY (in this place) 1 DAY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL				
d. FULL NAME OF HOSPITAL OR INSTITUTION MCCUNE BROOKS HOSPITAL				d. STREET ADDRESS (If rural, give location) (LAKESIDE) Rt # 1 JOPLIN, MISSOURI				
3. NAME OF DECEASED (Type or Print)		a. (First) WALTER		b. (Middle) FRANK		c. (Last) TRUSSELL		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUNE 18, 1893		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED HOISTERMAN		10b. KIND OF BUSINESS OR INDUSTRY LEAD AND ZINC MINING		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME FRANK K. TRUSSELL			13b. MOTHER'S MAIDEN NAME ELLA MOSBAUGH			14. NAME OF HUSBAND OR WIFE CLARA A. TRUSSELL		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) NO			16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME MRS. CLARA TRUSSELL			
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) Pulmonary Embolus - Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 1 day	
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Extraction of teeth performed morning of same day.			DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5337				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) Carthage, Missouri				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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. 12, 1954 , to Feb. 13, 1954 , that I last saw the deceased alive on Feb. 13, 1954 , and that death occurred at 8:30 AM m., from the causes and on the date stated above.								
23a. SIGNATURE W. Russell Smith				(Degree or title) M.D.		23b. ADDRESS Carthage, Missouri		
23c. DATE SIGNED 2/15/54		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB. 16, 1954		24c. NAME OF CEMETERY OR CREMATORY CARL JUNCTION CEMETERY		
24d. LOCATION (City, town, or county) (State) CARL JUNCTION MISSOURI		DATE REC'D BY LOCAL REG. 2-15-54		REGISTRAR'S SIGNATURE Lloyd B. Clinton		25. FUNERAL DIRECTOR'S SIGNATURE HEDGE LEWIS FUNERAL HOME		
				ADDRESS WEBB CITY, MO.				

(Licensed Embalmer's Statement on Reverse Side)

M.C.

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

11 FEB 25 1955

RECEIVED FEB 24 1955
Jasper County Health Office
County File Number 54-2-1
Date Filed FEB 24 1955

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 Edward J. Lewis Jr

Licensed Embalmer No. 4561

P. O. Address Webb City, 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.