

FILED JUL 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21140

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5699 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Fairview Twp. Unknown</u>		c. CITY OR TOWN <u>Chillicothe</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 65 3 mi. S. of Chillicothe, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>507 1/2 Washington, St. 05920</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>GEORGE</u>	b. (Middle) <u>WALTER</u>	c. (Last) <u>TRUESDELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 7 56</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Feb. 23, 1926</u>	9. AGE (In years last birthday) <u>30</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Airway Seed Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chillicothe, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George Walter Truesdell</u>	13b. MOTHER'S MAIDEN NAME <u>Madis Mae LeFever</u>	14. NAME OF HUSBAND OR WIFE <u>Mildred Yuille</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>June-2-49 to Nov 16, 49</u>	16. SOCIAL SECURITY NO. <u>488-22-6654</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Madis Truesdell; Chillicothe, Mo</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Neck</u>		<u>Instant</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured Skull - Basal + Parietal</u>		<u>Instant</u>
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 <u>8161</u> <u>26</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Factory Highway 65</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Chillicothe, Livingston, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 7 '56 1:43 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto hit tractor</u>
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22. I hereby certify that I attended the deceased from None, 1956, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on July 7, 1956, and that death occurred at 1:43 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph C. Conrad M.D. Coronel</u>	(Degree or title)	23b. ADDRESS <u>Chillicothe, Mo</u>	23c. DATE SIGNED <u>July 7-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July-9-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mendon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mendon, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7-7-56</u>	REGISTRAR'S SIGNATURE <u>Frances B Neill</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>NORMAN FUNERAL HOME; Chillicothe, Mo</u>	ADDRESS
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WRITE PLAINLY, USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

710

JUL 13 1956

SEP 20 1957

JUL 27 1956

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 .....  
Signature of Student Embalmer

Signed *Joseph M. Libben* .....

Licensed Embalmer No. 4769 .....

P. O. Address Chillicothe .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.