

**STANDARD CERTIFICATE OF DEATH**

State File No. **27741**

No. 300  
10.48

**FILED SEP 10 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 205

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>	
b. CITY OR TOWN <b>Maryville</b>		c. CITY OR TOWN <b>Maryville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		f. STREET ADDRESS (If rural, give location) <b>321 West Cooper</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b> b. (Middle) <b>ELLET</b> c. (Last) <b>TRUEBLOOD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>9 4 56</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>11/9/75</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer-retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own account</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Clearmont, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Warren Trueblood</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Zwilling</b>	14. NAME OF HUSBAND OR WIFE <b>Erma Etta Ringold Trueblood</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. G. E. Trueblood</b>	ADDRESS <b>Maryville, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>15 Min.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute coronary occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>4201</b>
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 7 <sup>1955</sup> to Sept. 4, 1956, that I last saw the deceased alive on 8-21, 1956, and that death occurred at 8:50A.m., from the causes and on the date stated above.

23a. SIGNATURE <b>H. Bauman</b> (Degree or title) <b>M. D.</b>	23b. ADDRESS <b>Maryville, Missouri</b>	23c. DATE SIGNED <b>9/6/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	24b. DATE <b>9-6-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Maryville Mo.</b>
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DATE REC'D BY LOCAL REG. <b>9-8-56</b>	REGISTRAR'S SIGNATURE <b>Beas Boul.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Price Funeral Home</b>	ADDRESS <b>Maryville, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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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.....  
Signature of Student Embalmer

Signed *John W. Price*.....

Licensed Embalmer No. *428*.....

P. O. Address *Maryville*.....

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.