No. 300
10-48

FILED NOV 7 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34829

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4337 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY: Monroe
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Madison
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): XXXXXXX

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Monroe
c. CITY OR TOWN: Madison
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 90 0690
e. STREET ADDRESS (If rural, give location): XXXXXXX

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Allen
c. (Last): Trussell

4. DATE OF DEATH (Month) (Day) (Year): 10/12/56

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 11/15/1898
9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): concrete worker
10b. KIND OF BUSINESS OR INDUSTRY: concrete
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Thomas W Trussell
13b. MOTHER'S MAIDEN NAME: d on't know
14. NAME OF HUSBAND/OR WIFE: Viola Gallup

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Thomas W Trussell Moberly. MO

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): BURNS

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. 9160

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 16
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): OWN HOME
21c. (CITY, TOWN, OR TOWNSHIP) 90 (COUNTY) 0690 (STATE): MADISON MONROE MISSOURI.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): OCTOBER 12 1956
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: HOUSE FIRE

22. *I hereby certify that I attended the deceased from* ___, 19__, *to* ___, 19__, *that I last saw the deceased alive on* ___, 19__, *and that death occurred at* ___ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Russell M Wilson Coroner
23b. ADDRESS: Monroe City Missouri
23c. DATE SIGNED: 10-12-56

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct 14/56
24c. NAME OF CEMETERY OR CREMATORY: Walnut Grove
24d. LOCATION (City, town, or county) (State): Paris, Mo.

DATE REC'D BY LOCAL REG.: 10-15-56
REGISTRAR'S SIGNATURE: Elsie Robertson
25. FUNERAL DIRECTOR'S SIGNATURE: Fred A Thompson
ADDRESS: Madison 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 emba

by me, or by Peterson Embalming or other preservation only, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Mrs Fred A Thompson

Licensed Embalmer No. 32

P. O. Address Mandan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.