Health, & Welfare Public Service

S. 300
1-57
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FILED JUN 30 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-022722
STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. 4370 Registrar's No. 161

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clearmont — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Wallin Nursing Home — Length of stay in 1b 1 yr

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Nodaway
c. CITY OR TOWN Maryville — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 110 N Charles — Reside on Farm Yes [ ] No [X]

0742

3. NAME OF DECEASED (Type or print) First EARL Middle B Last TRULLINGER

4. DATE OF DEATH Month 6 Day 10 Year 1958

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Aug 25 1886
9. AGE (In years last birthday) 71 — 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) Farmer & newspaper man
10b. KIND OF BUSINESS OR INDUSTRY Farming&Newspaper
11. BIRTHPLACE (City and state or country) Maryville,Mo 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Marion Trullinger
13b. MOTHER'S MAIDEN NAME Malory Bentley
14. NAME OF HUSBAND OR WIFE Mrs Leah Trullinger

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. 495 10 7196
17. INFORMANT Mrs Leah Trullinger, Address Maryville,Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Thrombosis of brain vessels — INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis of brain vessels. — ? years
DUE TO (c) 332 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility.
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug 29-1957, to June 10-1958 and last saw her/him alive on June 3-1958
Death occurred at Clearmont Mo. 8:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Marvin Ford, M.D. 2
22b. ADDRESS Arno-Mo.
22c. DATE SIGNED June 24-58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 6/12,1958
23c. NAME OF CEMETERY OR CREMATORY Marian Cemetery
23d. LOCATION (City, town, or county) Maryville,Mo (State)

24. FUNERAL DIRECTOR [signature] ADDRESS Maryville Mo.
25. DATE RECD. BY LOCAL REG. 6-28-58
26. REGISTRAR'S SIGNATURE Bess Holt

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 G. M. Atkinson

Licensed Embalmer No. 3379

P. O. Address Marysville

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.