

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
360

58-035290

STATE FILE NUMBER
139

Registration District No. _____ Primary Registration District No. 6225 Registrar's No. 139

FILED OCT 14 1958

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Carl Junction</u> 8490 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital #3 1/2 2 mo 2 d</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>Unknown</u> Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>William D. Trussell</u>			4. DATE OF DEATH Month Day Year <u>Sept. 27 1958</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 27, 1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. Fireman</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>63</u> IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.
11. FATHER'S NAME <u>Preston Kelley Trussell</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Mosbaugh</u>	14. NAME OF HUSBAND OR WIFE <u>Josie Trussell</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>509-09-1408</u>	17. INFORMANT <u>Hospital Records</u> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiovascular Renal Disease</u> DUE TO (b) <u>Gen. Arteriosclerosis</u> DUE TO (c) <u>442X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>July 25, 1957</u> to <u>Sept 27, 1958</u> and last saw him <u>Sept 27, 1958</u> Death occurred at <u>136</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Edmund Kelley M.D.</u>		22b. ADDRESS <u>State Hospital #3 Nevada Mo</u>	22c. DATE SIGNED <u>9-27-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>9-30-1958</u>	<u>Carl Junction Cemetery</u>	<u>Carl Junction, Mo.</u>
24. FUNERAL DIRECTOR <u>Don Roney, Carl Junction, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-8-1958</u>	26. REGISTRAR'S SIGNATURE <u>Anna E. Perry</u>

1. All diseases in Part I must be causally related.
 2. Social, chronic, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

8561 28 100
OCT 27 1958

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 *Jack C Simpson*

Licensed Embalmer No. *4647*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.