

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047052

STATE FILE NUMBER

FILED JAN 12 1959

Registration District No. 374 Primary Registration District No. 6274 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Worth County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Middle Fork Township Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Worth Missouri Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION 4-mile south-Worth 15 yr		d. STREET ADDRESS (If outside, give location) Reside on Farm 4-mile south of Worth Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Walter Lee Trump			4. DATE OF DEATH December-7-1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> / NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH November-24-1906	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months 13 Days 13 Hours 13 Min. 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and state or country) Worth County	
13. FATHER'S NAME Freemont Trump			14. MOTHER'S MAIDEN NAME Nancey Miller		
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. 47777077		17. INFORMANT Dortha Trump Address Worth Missouri	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) 4201		
20c. TIME OF INJURY Hour 12 a. m. 00 Month 7 Day 58 Year 58			
20d. INJURY OCCURRED WHILE AT WORK <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.) DOA	20f. CITY, TOWN, OR LOCATION Grant City, Mo.	COUNTY Grant STATE Mo.

21. I attended the deceased from DOA to noon 12-7-58 and last saw her alive on 12-9-58 Death occurred at Grant City, Mo. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Typed by title) Frank B Matteson M D Coroner	22b. ADDRESS Grant City, Mo.
22c. DATE SIGNED 12-9-58	

23a. BURIAL, CREMATION, REMOVAL, (Specify) Burial	23b. DATE Dec 9 - 58	23c. NAME OF CEMETERY OR CREMATORY Grant City Cemetery	23d. LOCATION (City, town, or county) (State) Grant City Mo
24. FUNERAL DIRECTOR John Andrews	25. DATE RECD. BY LOCAL REG. January 7 1959	26. REGISTRAR'S SIGNATURE Bowdry Kibbe	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 John Andrews, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4

P. O. Address Grant

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