URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 25 1960

60-010104

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 171

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff
Length of stay in 1b: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ripley
c. CITY OR TOWN Doniphan
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R # 2
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: George Middle: Sylvester Last: Trusty
4. DATE OF DEATH Month: March Day: 12 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Jan. 7 1892
9. AGE (last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Head Sawer
10b. KIND OF BUSINESS OR INDUSTRY: Sawmill
11. BIRTHPLACE (City and state or country): Ripley County Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William Trusty
13b. MOTHER'S MAIDEN NAME: Hannah Davis
14. NAME OF HUSBAND OR WIFE: Laura Trusty
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.: 541-03-0181
17. INFORMANT: Laura Trusty Address R#2 Doniphan, 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) Peritonitis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Intestinal Obstruction
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 4 days.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 3-8-1960 to 3-12-1960 and last saw her him alive on 3-12-1960
Death occurred at 4:20 P m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) M. D.
22b. ADDRESS Poplar Bluff Mo
22c. DATE SIGNED 3-13-1960

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Mar 15, 1960
23c. NAME OF CEMETERY OR CREMATORY: Shirley Cemetery
23d. LOCATION (City, town, or county) (State): Ripley County, Mo.
24. FUNERAL DIRECTOR ADDRESS: Edwards Funeral Home Doniphan, Mo.
25. DATE REC'D. BY LOCAL REG.: 3/18/60
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

SEP 6 1962

MAY 18 1960

APR 28 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gene H Parrent

Licensed Embalmer No. 4809

P. O. Address Naylor, M

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