

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
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FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020480

STATE FILE NUMBER

FILED VS. JUN. 6 1960 294

Primary Registration District No. 3006 Registrar's No. 150

ENDED

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived: if institution; Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Randolph</u>			
b. CITY (if outside corporate limits, give TOWNSHIP only) <u>Moberly</u>		Length of stay in lb <u>2 Days</u>		c. CITY OR TOWN <u>Clark</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) <u>Woodland Hospital</u>				d. STREET ADDRESS (if outside, give location) <u>P.F.A. #1</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>JEREMIAH - TRUESDELL</u>				4. DATE OF DEATH Month Day Year <u>May - 23 - 1960</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>11/1/1881</u>	
9. AGE (last birthday) <u>78</u>		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farmer</u>		11. KIND OF BUSINESS OR INDUSTRY <u>Clark MO</u>	
10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clark MO</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John C. Truesdell</u>				13b. MOTHER'S MAIDEN NAME <u>Rebecca Stiles</u>		14. NAME OF HUSBAND OR WIFE <u>Susie Truesdell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>486-42-1911</u>		17. INFORMANT <u>Susie Truesdell Moberly MO</u>	
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>Coronary occlusion</u> DUE TO (b) <u>Acute Cholecystitis</u> DUE TO (c) <u>Coronary Insufficiency</u> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>3 days</u>	
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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>3/20/60</u> to <u>5/23/60</u> and last saw her/him alive on <u>5/22/60</u> Death occurred at <u>655A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Robert Howard</u> (Degree or title)				22b. ADDRESS <u>121 Slaus Moberly</u>		22c. DATE SIGNED <u>5/25/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>May-25-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Chapel Grove</u>		23d. LOCATION (City, town, or county) (State) <u>Clark MO.</u>	
24. FUNERAL DIRECTOR <u>Cater Funeral Home Moberly MO.</u>				25. DATE RECD. BY LOCAL REG. <u>5-25-60</u>		26. REGISTRAR'S SIGNATURE <u>Leah Wilson</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly 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.