

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035313

FILED VS. SEP 29 1960

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 117

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jefferson</u>  b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Festus - Rural</u> Length of stay in 1b <u>5 Days</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____  c. CITY OR TOWN <u>DeSoto, Mo. R. # 1</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jeff. Memorial Hosp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
<b>3. NAME OF DECEASED</b> (Type or print) First <u>HENRY</u> Middle <u>NMN</u> Last <u>TRUNK</u>			<b>4. DATE OF DEATH</b> Month <u>Sept.</u> Day <u>18,</u> Year <u>1960</u>			
<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>1-22-1870</u>	<b>9. AGE (last birthday)</b> <u>90</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>GENERAL FARMING</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Germany</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>
<b>13a. FATHER'S NAME</b> <u>Lawrence Trunk</u>			<b>13b. MOTHER'S MAIDEN NAME</b> _____		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mary Zufall</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, <u>NO</u> or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT</b> Address <u>Daniel Trunk, Rte. # 1, DeSoto, Mo.</u>		
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH _____	
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	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>			<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) _____		
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>				
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>20f. CITY, TOWN, OR LOCATION</b> _____ <b>COUNTY</b> _____ <b>STATE</b> _____				
<b>21. I attended the deceased from</b> <u>9/14/60</u> to <u>9/18/60</u> and last saw <sup>her</sup> him alive on <u>9/18/60</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						
<b>22a. SIGNATURE</b> <u>[Signature]</u> (Degree or title) _____			<b>22b. ADDRESS</b> _____		<b>22c. DATE SIGNED</b> <u>9/18</u> (date)	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>		<b>23b. DATE</b> <u>Sept. 21, 1960</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Calvary Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) <u>DeSoto, Missouri</u>	
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Vinyard Fun'l. Homes, Inc., Festus, Mo.</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>9-19-60</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 29 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Keith B. Vinson

Licensed Embalmer No. 4976

P. O. Address Festus

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