

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

=61-000133

STATE FILE NUMBER

FILED VS JAN 24 1961

Registration District No. 14 Primary Registration District No. 4028 Registrar's No. 1

300
1-57

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|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Barton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberal</u> | | c. CITY OR TOWN <u>Liberal</u> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> | | d. STREET ADDRESS (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) First <u>Lonnie</u> Middle <u>Walton</u> Last <u>Truskett</u> | | 4. DATE OF DEATH Month <u>Jan.</u> Day <u>9</u> Year <u>1961</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>July 8, 1877</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u> | 11. BIRTHPLACE (City and state or country) <u>Vernon County, Missouri</u> |
| 13a. FATHER'S NAME <u>Joe Truskett</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Ricketts</u> | 14. NAME OF HUSBAND OR WIFE <u>Lula Milliron Truskett</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. | 17. INFORMANT <u>A Otis Truskett--Denver, Colo. --Son</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>Acute Congestive Cardiac Failure</u> DUE TO (b) <u>Paralytic Ileus & Renal Insuff.</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypostatic Pneumonia last 2 wks. of life</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>5 to 7 days</u> <u>5 yrs.</u> |
| 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. | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>(Jan)</u> | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION <u>Liberal, Mo.</u> | |
| 21. I attended the deceased from Death occurred at <u>6:45 A.M.</u> on <u>July 8, 1946</u> to <u>Jan 9, 1961</u> and last saw him alive on <u>Jan. 8, 1961</u> | | 22a. SIGNATURE (Degree or title) <u>M. H. Kneeland D.O.</u> | |
| 22b. ADDRESS <u>Liberal, Mo.</u> | | 22c. DATE SIGNED <u>1-10-61</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | 23b. DATE <u>1-9-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Shiloh Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>R. R. Liberal Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Melba J. Montague</u> ADDRESS <u>Mulberry, Ks.</u> | | 25. DATE RECD. BY LOCAL REG. <u>Jan. 12, 1961</u> | 26. REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

#1152

(Licensed Embalmer's Statement on Reverse Side)

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 *Merle W. Snow*

Licensed Embalmer No. *4034*

P. O. Address *Pittsburg, Kan.*

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.