MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-014273
STATE FILE NUMBER

AMENDED

Registration District No. 167 Primary Registration District No. 5609 Registrar's No. 17

FILED APR 18 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | DOCUMENT

SHOULD READ | BY AFFIDAVIT OF

ITEM NO.

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rose Hill Twp.
Length of stay in 1b: 49 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Route #1, Holden, Mo.
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Johnson
c. CITY OR TOWN: Holden
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route #1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: LENA Middle: MARIE Last: TRUNINGER

4. DATE OF DEATH: Month: April Day: 9 Year: 1961

5. SEX: female

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 6/28/1911

9. AGE (last birthday): 49

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): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (City and state or country): Kingsville, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Jacob Eissler

13b. MOTHER'S MAIDEN NAME: Barbara Cutler

14. NAME OF HUSBAND OR WIFE: Carl Truninger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): XXXX

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT Address: Carl Truninger, Holden, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Circulatory failure	minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary thrombosis with Myocardial infarction	hours
DUE TO (c)	Atherosclerosis	years

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 Feb. 15, 1961, to April 7, 1961 and last saw her/him alive on April 7, 1961

Death occurred at 8 40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Thomas P. Wescott, D.O.

22b. ADDRESS: Holden, Missouri

22c. DATE SIGNED: April 10, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 4/11/1961

23c. NAME OF CEMETERY OR CREMATORY: Holden Cemetery

23d. LOCATION (City, town, or county) (State): Holden, Missouri.

24. FUNERAL DIRECTOR ADDRESS: Canaday & Ropp, Holden, Mo.

25. DATE RECD. BY LOCAL REG.: April 10, 1961

26. REGISTRAR'S SIGNATURE: Mrs Marion Rose

(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 M L Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, Missouri.

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.