

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-030428
STATE FILE NUMBER

AMENDED

Registration District No. 301

Primary Registration District No. _____

Registrar's No. 59

FILED SEP 13 1961

1. PLACE OF DEATH a. COUNTY Ripley		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carter	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doniphan		c. CITY OR TOWN Hunter	
Length of stay in 1b 5 days		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ripley County Memorial		d. STREET ADDRESS (If outside, give location) Gen. Delivery	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Aleda Theadora Trifillis			4. DATE OF DEATH Month Day Year August 25, 1961
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 3-20-1904
9. AGE (last birthday) 57		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 Home	11. BIRTHPLACE (City and state or country) Minneapolis, Minn.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Jens Nessau	
13b. MOTHER'S MAIDEN NAME Olega Mork		14. NAME OF HUSBAND OR WIFE Nicolas Trifillis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Douglas Ashery		Address Chicago, Ill.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EMBOLISM			INTERVAL BETWEEN ONSET AND DEATH 5 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) SOURCE UNKNOWN			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease			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
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 8/20/61 to 8/25/61 and last saw her/him alive on 8/25/61 Death occurred at 2:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Leon R. Buchanan Jr. M.D.		22b. ADDRESS Doniphan, Mo	22c. DATE SIGNED 9/6/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Aug. 25, 1961	23c. NAME OF CEMETERY OR CREMATORY Crystal Lake	23d. LOCATION (City, town, or county) (State) Minneapolis, Minn.
24. FUNERAL DIRECTOR ADDRESS Edwards Funeral Home Doniphan, Mo.		25. DATE RECD. BY LOCAL REG. 8-25-61	26. REGISTRAR'S SIGNATURE Flava Broz.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

2025/08/01 10:00

AUG 1 1963

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 Gene Parent
Licensed Embalmer No. 4809

P. O. Address Naylor, 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.