

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037973

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 56

Primary Registration District No. 4086

Registrar's No. 125

STATE FILE NUMBER

**FILED OCT 24 1962**

VS 300  
Rev. 4/59

10170

20109

3

4 1

5 1

6

7 0

8 0

9 X

10

11 017

12 91-3

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Carroll County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Tina,</b>		Length of stay in lb <b>Traveling</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Highway #65.</b>		d. STREET ADDRESS (if outside, give location) <b>504 Wicks Road</b>	
3. NAME OF DECEASED (Type or print) First <b>CAROLYN</b> Middle <b>KAY</b> Last <b>TRUMBO.</b>		4. DATE OF DEATH Month <b>October</b> Day <b>13th,</b> Year <b>1962</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/25/1949</b>
9. AGE (last birthday) <b>13</b>		IF UNDER 1 YEAR Months <b>7</b>	IF UNDER 24 HR Hours <b>18</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>School</b>	11. BIRTHPLACE (City and state or country) <b>Columbia, Mo</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Alvy S. Acton</b>	
13b. MOTHER'S MAIDEN NAME <b>Bessie Jo Sapp.</b>		14. NAME OF HUSBAND OR WIFE <b>Billie D. Trumbo, Jr.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>---</b>	
17. INFORMANT <b>Alvy S. Acton</b>		Address <b>Columbia, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MULTIPLE FRACTURES TO COMPLETE</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>BURNING OF LEGS, ARMS AND</b>			
DUE TO (c) <b>TOP OF SKULL</b>			
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Auto accident. Cars burned.</b>	
20c. TIME OF INJURY Hour <b>3/4</b> Month, Day, Year <b>mile south Tina Junction on #65 highway</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Tina,</b>	20f. CITY, TOWN, OR LOCATION <b>Carroll</b>	STATE <b>Missouri.</b>
21. I attended the deceased from <b>AT CARROLL COUNTY</b> to <b>her</b> and last saw <b>him</b> alive on <b>7:00 PM</b> Death occurred at <b>7:00 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE <b>Clifford W. Austin</b>		21b. ADDRESS <b>Carroll County, Mo 65792</b>	
21c. DATE SIGNED <b>10/16/62</b>		21d. SIGNATURE <b>Clifford W. Austin</b>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	22b. DATE <b>10/16/62</b>	22c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	22d. LOCATION (City, town, or county) (State) <b>Columbia, Mo</b>
23. FUNERAL DIRECTOR <b>Clifford W. Austin F-H. Tina, Mo.</b>		24. ADDRESS	25. DATE RECD. BY LOCAL REG. <b>10-15-62</b>
26. REGISTRAR'S SIGNATURE <b>Ann Calvert Hill Moore</b>			

**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 \_\_\_\_\_

*Clyde W Austin*

Licensed Embalmer No. 3233

P. O. Address Tena, Tennessee

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.