S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 18 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37374

Registration District No. 386 Primary Registration District No. 5-206 Registrar's No. 21

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town "Rural" Fairfield Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 45 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Carroll 17 0 0
(c) City or town "Rural" (If outside city or town limits, write "RURAL")
(d) Street No. Carrollton, Mo. R.F.D. # 6 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME BENJAMIN FRANKLIN TRUSTY
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife Lillie Bingham
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 9 (Day) 1894 (Year)

8. AGE: Years 52 Months 10 Days 24 If less than one day hr. min.
9. Birthplace Laclede (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name James R. Trusty
13. Birthplace (City, town, or county) Mo (State or foreign country) 0
MOTHER
14. Maiden name Martha Pewitt
15. Birthplace (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant Mrs Paul Yake
(b) Address Carrollton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem
18. (a) Signature of funeral director Standley & Gibson
(b) Address Carrollton Mo
19. (a) 11-4-1947 (Date received local registrar) (b) Eunice Street (Registrar's signature) 44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2 year 1947 hour 10 minute 00 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Loss of his left side of face and the top of his head.
Due to By shooting himself with 12 gauge shot gun, self inflected,
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 164
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence Nov 2-1947
(c) Where did injury occur? Rural (City or town) Carroll (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm (Specify type of place)
While at work? No (e) Means of injury
23. Signature Charles Rutt (M.D. or other) Coroner
Address Carrollton, Mo Date signed 11-3-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-17-47

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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, 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 this body is not embalmed, fact should be so stated above.