

FILED MAY 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14609**

BIRTH NO. _____ REG. DIST. NO. **381** PRIMARY REG. DIST. NO. **6178** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Sullivan Mo	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Reger - Duncan Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Reger - Duncan	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) Duncan Twp	

3. NAME OF DECEASED (Type or Print) a. (First) Mary Catherine b. (Middle) Trumbo c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 4 - 8 1949			
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3-18-1871	9. AGE (In years last birthday) 78	# UNDER 1 YEAR 0	# UNDER 1 HOUR 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) S. Dak.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Thomas Hampton		13b. MOTHER'S MAIDEN NAME Martha Baker		14. NAME OF HUSBAND OR WIFE J. W. Trumbo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ray Trumbo Reger - Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Glomerular Nephritis			INTERVAL BETWEEN ONSET AND DEATH 2 years
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension - myocarditis			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **December 10, 1945**, to **April 8, 1949**, that I last saw the deceased alive on **March 16, 1949**, and that death occurred at **2:00** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. R. McAuliffe M.D.		23b. ADDRESS Browning Mo		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-10-49		24c. NAME OF CEMETERY OR CREMATORY Oakwood	
		24d. LOCATION (City, town, or county) (State) Sullivan Mo			

DATE REC'D BY LOCAL REG. April 29-1949		REGISTRAR'S SIGNATURE Mrs. H. P. Harris		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Daniel Schoene Reger, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 1

District File No. 54978

Date Filed MAY 2 - 1949

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 _____

D. Norris Cleeton

Student Embalmer No. 238

working under my personal supervision.

Signed D. Norris Cleeton
Student Embalmer

Signed Dwight Schauer

Licensed Embalmer No. 2667

P. O. Address Ukiah - 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.