No. 300
10.48

FILED APR 21 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

15592

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 40

1020
4

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

**1. PLACE OF DEATH**
a. COUNTY: Shelby
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelbina
c. LENGTH OF STAY (in this place): 6 Da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hayden Nursing Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Shelby
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarence 1020
d. STREET ADDRESS (If rural, give location): 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): James
b. (Middle): Curtis
c. (Last): Trussell

**4. DATE OF DEATH** (Month) (Day) (Year): 3 - 19 - 1950

**5. SEX**: M O
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed 2
**8. DATE OF BIRTH**: 3-9-1866
**9. AGE** (In years last birthday): 84 — IF UNDER 1 YEAR: Months 0, Days 10 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: ✓
**11. BIRTHPLACE** (State or foreign country): Mo 0
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Curtis Trussell
**13b. MOTHER'S MAIDEN NAME**: Jane Ellyson
**14. NAME OF HUSBAND OR WIFE**: Sarah N. Trussell (Div'd)

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): ✓ (If yes, give war or dates of service): ✓
**16. SOCIAL SECURITY NO.**: ✓
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs Homer Daniel — ADDRESS: Clarence 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Senility - arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: 4500

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**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 WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Mar 13, 1950, *to* Mar 19, 1950, *that I last saw the deceased alive on* Mar 18, 1950, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Gladys Bower M.D.
**23b. ADDRESS**: Shelbina Mo.
**23c. DATE SIGNED**: April 14, 1950

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial 0
**24b. DATE**: 3-21-1950
**24c. NAME OF CEMETERY OR CREMATORY**: Union cemetery
**24d. LOCATION** (City, town, or county): Clarence (State): Mo

**DATE REC'D BY LOCAL REG.**: Apr 14-1950
**REGISTRAR'S SIGNATURE**: Ada Garrison 419
**25. FUNERAL DIRECTOR'S SIGNATURE**: Hoppen Funeral Home — ADDRESS: Clarence Mo

(Licensed Embalmer's Statement on Reverse Side)

APR 21 1950

RECEIVED APR 14 19
District Health Officer No.
District File Number 4-30-6
Date Filed APR 14 1950

## 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 .....
Student Embalmer

Signed Louis E. Hoffner

Licensed Embalmer No. 4281

P. O. Address Clarence 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.