

FILED MAY 3 1951

STANDARD CERTIFICATE OF DEATH

State File No. 13627

0883  
0

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

BIRTH NO. 23584-51 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3054 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clark</u>	
c. LENGTH OF STAY (In this place) <u>1 Day</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>			
3. NAME OF DECEASED a. (First) <u>JOHN</u> b. (Middle) <u>MICHAEL</u> c. (Last) <u>TRUESDELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April-25-1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April-24-1951</u>
9. AGE (In years last birthday) <u>6</u> 0 <u>0</u> 1 <u>1</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Moberly Missouri</u>	
11. BIRTHPLACE (State or foreign country) <u>Moberly Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Simmie Truesdell</u>		13b. MOTHER'S MAIDEN NAME <u>Joyce Cox</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Simmie Truesdell</u> ADDRESS <u>Clark Mo.</u>	
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) <u>Prematurity</u> ANTECEDENT CAUSES: <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Low lying placenta</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>776x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 24, 1951</u> , to <u>April 25, 1951</u> , that I last saw the deceased alive on <u>April 25, 1951</u> , and that death occurred at <u>5:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert W. Young M.D.</u> (Degree or title)		23b. ADDRESS <u>Woodland Hospital Mo</u>	
23c. DATE SIGNED <u>4/26/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4/26/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Williams</u> ADDRESS <u>269 Snow General Road Moberly Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-26-51</u>		REGISTRAR'S SIGNATURE <u>Earl Williams</u>	

Date Received: APR 30 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 5-57-905  
Date Filed: MAY 1 1951

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

*Infant Not Embalmed*

Signed.....

*R. M. Carter*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4117*

P. O. Address *Moberly 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.