

FILED JUN 11 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17455

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Sedalia</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Sedalia</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>807 West 7th</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>807 West 7th</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>VIOLA</b> b. (Middle) <b>I.</b> c. (Last) <b>TRUEBLOOD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 1, 1952</b>		
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 17, 1865</b>	9. AGE (In years last birthday) <b>86</b>	10. CITIZEN OF WHAT COUNTRY? <b>Indiana</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Sullivan County, Indiana</b>	

13a. FATHER'S NAME <b>Joshua Trueblood</b>		13b. MOTHER'S MAIDEN NAME <b>Ann Beard</b>		14. NAME OF HUSBAND OR WIFE <b>John W. Trueblood</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Elbert Trueblood, Sedalia, Mo</b>	

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) <b>Cancer of Regional Cervix</b>			INTERVAL BETWEEN ONSET AND DEATH
		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. <b>Fractured Hip 17 weeks ago</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>153 X F</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Sedalia Pettis MO</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>April 6 - 57 8a.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fall</b>	

22. I hereby certify that I attended the deceased from **April 19, 1952** to **June 1, 1952**, that I last saw the deceased alive on **May 30, 1952**, and that death occurred at **4:19 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. Scavely M.D.</b>		23b. ADDRESS <b>Sedalia MO</b>		23c. DATE SIGNED <b>6/2-52</b>	
---	--	--------------------------------	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3 June 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Sedalia, Missouri</b>	
---	--	------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <b>6/3/1952</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Sedalia, Mo</b>	
--	--	--	--	---	--	----------------------------	--

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD GILLESPIE FUNERAL HOME

804

OCT 27 1954

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

*Russell C. Maag*

Licensed Embalmer No. *4807*

P. O. Address *Sedalia, 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.