

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13371

State File No. _____

No. 300
10.48

FILED APR 20 1953 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 442

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>5 hrs.</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>708 Highway 71</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Andrew</u> c. (Last) <u>Trucker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 14, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 1, 1920</u>
9. AGE (In years last birthday) <u>32</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attorney</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Poplar Bluff, Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attorney</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Law</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Andrew J. Trucker</u>		13b. MOTHER'S MAIDEN NAME <u>Rosea M. Fowler</u>	14. NAME OF HUSBAND OR WIFE <u>Janis Pierce Trucker</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>Yes World War II</u>		16. SOCIAL SECURITY NO. <u>495-18-6023</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Janis P. Trucker Savannah, 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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Complete laceration Right subclavian artery</u>			19. INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Crushed chest - fracture Right clavicle + 3 to 5 ribs</u>			
DUE TO (c) <u>auto accident</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>auto accident</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Andrew County</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Savannah, Andrew, Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 13 1953 8:30 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>auto accident</u>	
22. I hereby certify that I attended the deceased from <u>11 PM 4/13/53</u> , to <u>5:20 AM, 4/14/53</u> , that I last saw the deceased alive on <u>4-14, 1953</u> , and that death occurred at <u>5:20 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert C. Ross, M.D.</u> (Degree or title)		23b. ADDRESS <u>Savannah Mo</u>	23c. DATE SIGNED <u>4-14-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-16-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo</u>
DATE RECD BY LOCAL REG. <u>April 15, 1953</u>	REGISTRAR'S SIGNATURE <u>Kathryn M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm A. Rich Savannah Mo</u>	

MAY 15 1953

JUL 13 1953

MAY 20 1953

MAY 4 1953

MAY 23 1953

APR 23 1953

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

Wm A. Rich

Licensed Embalmer No. 4778

P. O. Address. Savannah, 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.