

FILED APR 7 1954		BIRTH NO. 15055-54		REG. DIST. NO. 115	PRIMARY REG. DIST. NO. 4187	Registrar's No. 8226
I. PLACE OF DEATH a. COUNTY <i>Franklin</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Franklin</i>			
b. CITY OR TOWN <i>Union R.R.</i>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <i>Union</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			e. STREET ADDRESS (If rural, give location) <i>R.R. 0360</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Barbara Ellen</i> b. (Middle) <i>Trusty</i> c. (Last) <i>Trusty</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>March 31st 1954</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never married</i>	8. DATE OF BIRTH <i>March 12th 1954</i>	9. AGE (In years last birthday) <i>19</i>	if UNDER 1 YEAR Months	if UNDER 2 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Union Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Arley Trusty</i>		13b. MOTHER'S MAIDEN NAME <i>Naomi Robertson</i>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give w/o or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Arley Trusty</i>		ADDRESS <i>Union Mo.</i>	
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Nutritional Deficiency</i>					INTERVAL BETWEEN ONSET AND DEATH <i>19 days</i>
	ANTECEDENT CAUSES 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 <i>Congenital Weakness</i>					<i>19 days</i>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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 <i>3-12-</i> , 19 <i>54</i> , to <i>3-31-</i> , 19 <i>54</i> , that I last saw the deceased alive on <i>3-30-</i> , 19 <i>54</i> and that death occurred at <i>4 a.</i> m., from the causes and on the date stated above.						
23a. SIGNATURE <i>Dr. W. E. Kitchell M.D.</i> (Degree or title)			23b. ADDRESS <i>11-Clair-uno.</i>		23c. DATE SIGNED <i>3/31.54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>4/1/54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Liberty</i>		24d. LOCATION (City, town, or county) (State) <i>Bland Mo.</i>		
DATE REC'D BY LOCAL REG. <i>Mar 31-1954</i>	REGISTRAR'S SIGNATURE <i>J. T. Cooper</i>		FUNERAL DIRECTOR'S SIGNATURE <i>E. H. Ottomano</i>	ADDRESS <i>Union Mo.</i>		

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 not embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. H. Ottmann.....

Licensed Embalmer No. 168..

P. O. Address Union, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.