No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16443

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HILLSBORO
c. LENGTH OF STAY (In this place): 3½ YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CEDAR GROVE NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: —
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2199
d. STREET ADDRESS (If rural, give location): 4214 WESTMINISTER

3. NAME OF DECEASED (Type or Print)
a. (First): THERESA
b. (Middle): MAY
c. (Last): TRUNK

4. DATE OF DEATH (Month) (Day) (Year): MAY 26 1954

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: NOV. 14 1871
9. AGE (In years last birthday): 82 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

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

13a. FATHER'S NAME: WM MALONE
13b. MOTHER'S MAIDEN NAME: ELLEN CLEARY
14. NAME OF HUSBAND OR WIFE: GEO. P. TRUNK

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: CEDAR GROVE NURSING HOME
ADDRESS: HILLSBORO

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) Arteriosclerotic heart disease with myocardial insufficiency — INTERVAL BETWEEN ONSET AND DEATH: ?6 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerosis of coronary arteries — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4200
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* Sept, *19*53, *to* May 26, *19*54, *that I last saw the deceased alive on* May 26, *19*54, *and that death occurred at* 10p. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thomas A. Donnell, M.D.
23b. ADDRESS: DeSoto, Mo.
23c. DATE SIGNED: 5-27-54

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: MAY 27, 1954
24c. NAME OF CEMETERY OR CREMATORY: BELLEFONTAINE
24d. LOCATION (City, town, or county) (State): ST. LOUIS, Mo.

DATE REC'D BY LOCAL REG.: 5-28-54
REGISTRAR'S SIGNATURE: Kathleen Morsden 141
25. FUNERAL DIRECTOR'S SIGNATURE: Cullen Kelly T.H.
ADDRESS: 4386 Lindell St. Louis Mo.

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED
JUN 3 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 Donnell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Desoto 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.