

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19890

State File No. ....

FILED JUL 12 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 240

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	c. LENGTH OF STAY (In this place) <u>3 Wks</u>	c. CITY OR TOWN <u>Sedalia</u>	d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>209 East 7th</u>		e. STREET ADDRESS (If rural, give location) <u>Milner Hotel</u> <u>0804</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JASPER</u> b. (Middle) <u>B</u> c. (Last) <u>TRUEL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 1, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 1, 1873</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>R.R. &amp; Oil fields</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Green Ridge, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John R. Truel</u>	13b. MOTHER'S MAIDEN NAME <u>Evelyn Ward</u>	14. NAME OF HUSBAND OR WIFE <u>Annabell Jackson Truel</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>10-03-2142</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Raymon Truel, Green Ridge, Mo.</u>	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH <u>2 mos</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis and Myocardial degeneration</u>		
	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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XXX</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>XXX</u>
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I hereby certify that I attended the deceased from 12 June, 19 54 to 1 July, 19 54 that I last saw the deceased alive on 1 July, 19 54, and that death occurred at 8:50pm, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>Glenn A. Walker D.O.</u>	22b. ADDRESS <u>Sedalia, Missouri</u>	22c. DATE SIGNED <u>2 July 54</u>
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22a. BURIAL, CREMATION-REMOVAL (Specify) <u>BURIAL</u>	22b. DATE <u>7/3/54</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oaks</u>	22d. LOCATION (City, town, or county) (State) <u>Windsor Mo</u>
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DATE REC'D BY LOCAL REG. <u>7/13/54</u>	REGISTRAR'S SIGNATURE <u>Lavinia Coontz</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Dep. Anne Ewing</u>	ADDRESS <u>Sedalia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

7-6-54

**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.....  
Signature of Student Embalmer

Signed..... *P. E. Baker* .....

Licensed Embalmer No. *2419*

P. O. Address. *Seclab*

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.