

FILED AUG 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22826

State File No.

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 304A Registrar's No. 145

1. PLACE OF DEATH a. COUNTY <u>LIVINGSTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LIVINGSTON</u>	
b. CITY OR TOWN <u>CHILlicothe</u>		c. CITY OR TOWN <u>CHILlicothe</u>	
c. LENGTH OF STAY (In this place) <u>6 YRS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>CITY HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>413 DICKINSON</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RETA</u> b. (Middle) <u>MAY</u> c. (Last) <u>TRUMB</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 30, 1955</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>SEPT. 18, 1869</u>	9. AGE (In years) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____	IF OVER 1 YRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>MORNING SUN, IOWA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOHN KELLER</u>	13b. MOTHER'S MAIDEN NAME <u>MIRANDA RILEY</u>	14. NAME OF HUSBAND OR WIFE <u>MIKE TRUMB</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ELLEN CHAPMAN</u> ADDRESS <u>EVERETTVILLE, MO.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Terminal Bronchial</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> 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 <u>July 1-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Diverticulum of Sigmoid Colon</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 19, 50, to July 30, 1955, that I last saw the deceased alive on July 30, 1955, and that death occurred at 2:45 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph A. Conrad M.D.</u>	23b. ADDRESS <u>Chillicothe, Mo</u>	23c. DATE SIGNED <u>Aug 1-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-2-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PLAINVIEW</u>	24d. LOCATION (City, town, or county) (State) <u>CHULA, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>8-2-55</u>	REGISTRAR'S SIGNATURE <u>Francis B. Hall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>NORMAN FUNERAL HOME</u> ADDRESS <u>CHILlicothe, MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elton J. Norman*

Licensed Embalmer No. *403*

P. O. Address *Chillicothe*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.