

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1713

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DeSoto		c. CITY OR TOWN DeSoto	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 81 yrs		e. STREET ADDRESS (If rural, give location) 611 South 3rd St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 611 South 3rd			

3. NAME OF DECEASED (Type or Print)	a. (First) Agatha	b. (Middle) Mina	c. (Last) Trunk	4. DATE OF DEATH (Month) (Day) (Year) Jan 16 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 29, 1874	9. AGE (In years less birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Maxville, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph Ganniger	13b. MOTHER'S MAIDEN NAME Mina Dehner	14. NAME OF HUSBAND OR WIFE Lorenz Trunk
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or date of service) -----	17. INFORMANT'S SIGNATURE OR NAME Mrs. Harry Backof	ADDRESS 611 S 3rd DeSoto
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arterio-sclerosis		INTERVAL BETWEEN ONSET AND DEATH years
	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. Senility 4500		

19a. DATE OF OPERATION no	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)	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)	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 July 8, 1954, to Jan 16, 1956, that I last saw the deceased alive on Jan 14, 1956, and that death occurred at 7:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Marie L. Harris, M.D.	23b. ADDRESS DeSoto, Mo.	23c. DATE SIGNED Jan 17, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-18-56	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) DeSoto, Mo.
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DATE REC'D BY LOCAL REG. 1-15-56	REGISTRAR'S SIGNATURE Marie L. Harris, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Mahn Funeral Home	ADDRESS DeSoto, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

RECEIVED

DATE RECEIVED

JAN 21 1956

FEB 16 1956

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 *Ronald J. Mahan*

Licensed Embalmer No. *497*

P. O. Address *De Soto, 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.