

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031579
STATE FILE NUMBER

FILED AUG 19 1958

Registration District No. 370 Primary Registration District No. 6280 Registrar's No. 14

Doctor, coroner, etc. must use only standard nomenclature in item 18. no symptoms write as stated.
 All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WRIGHT</u>		
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) <u>(RURAL) HART</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>HARTVILLE</u>		1140 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS <u>1 mi. W.</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>EARL</u> Middle <u>TRUSTY</u> Last <u>TRUSTY</u>			4. DATE OF DEATH Month <u>7</u> Day <u>15</u> Year <u>58</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8-28-1911</u>	9. AGE (In years last birthday) <u>46</u>	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) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>WRIGHT Co. MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>MARVIN TRUSTY</u>		13b. MOTHER'S MAIDEN NAME <u>MARY</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		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.	
17. INFORMANT <u>K. Keaton</u>		Address <u>HARTVILLE, MO</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed Chest.</u>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>STRUCK BY AUTO W/BILE WHILE LAYING ON HIGHWAY #5 SOUTH OF HARTVILLE, MO.</u>		
20c. TIME OF INJURY Hour <u>5:00</u> a.m. Month, Day, Year <u>7-15-58</u>			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>ON HIGHWAY</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <u>Hartville Wright MO</u>		
20g. COUNTY <u>114</u>			20h. STATE <u>MO</u>		
21. I attended the deceased from <u>JULY 15, 1958</u> and last saw her alive on _____ Death occurred at <u>5:00 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Frank Noble Carson</u> (Do not write title)			22b. ADDRESS <u>Wright, Mo.</u>		22c. DATE SIGNED <u>8-7-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>	
23d. LOCATION (City, town, or county) <u>4 1/2 W. Hartville, Mo</u>		23e. (State)			
24. FUNERAL DIRECTOR <u>John Simpson</u>		ADDRESS <u>Hartville</u>		25. DATE RECD. BY LOCAL REG. <u>8/18/1958</u>	
26. REGISTRAR'S SIGNATURE <u>Bonnie J. Jones</u>					

STATE OF MISSISSIPPI
COUNTY OF HANCOCK
HEALTH DEPARTMENT
Date Filed 8-18-1958
County File Number 858-72

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 *George Stubb*

Licensed Embalmer No. *3161*
P. O. Address *Mt. Laurel*

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.