

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043118

State File No.

No. 300
10-48

FILED NOV 24 1958

BIRTH NO. _____		REG. DIST. NO. <u>375</u>		PRIMARY REG. DIST. NO. <u>6277</u>		Registrar's No. <u>19</u>		
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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL (BOONE)</u>		c. LENGTH OF STAY (in this place) <u>1 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>(BOONE) RURAL</u> <u>1140</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi W HARTVILLE</u>				d. STREET ADDRESS (If rural, give location) <u>5 mi. W. HARTVILLE</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>NEWLEN</u> b. (Middle) <u>E.</u> c. (Last) <u>TRUSTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 12, 1958</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>1-1-1909</u>		9. AGE (In years last birthday) <u>48</u> If UNDER 1 YEAR: Months <u>10</u> Days <u>11</u> If UNDER 24 HRS: Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TRUCKING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WRIGHT Co, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		
13a. FATHER'S NAME <u>EDWARD TRUSTER</u>			13b. MOTHER'S MAIDEN NAME <u>SARAH ANN</u>		14. NAME OF HUSBAND OR WIFE <u>CHRISIE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jess Durban Young</u> ADDRESS <u>Hartsville, Mo.</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shot Wound</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>in right side.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>9:10</u> <u>19</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Hartsville</u>		21d. (COUNTY) <u>MO.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 12, 1958</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Accidental</u>				
22. I hereby certify that I attended the deceased from <u>Nov 12, 1958</u> , to _____, 19____, that I last saw the deceased alive on _____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Frank Goble Brown</u> (Degree or title)				23b. ADDRESS <u>Wm Lane, Mo</u>		23c. DATE SIGNED <u>11-12-58</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11/15/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT HILL</u>		24d. LOCATION (City, town, or county) (State) <u>WRIGHT Co, MO</u>		
DATE REC'D BY LOCAL REG. <u>11-19-58</u>		REGISTRAR'S SIGNATURE <u>Bonnie J. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Simpson</u>		ADDRESS <u>Hartsville, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 6 1959

DEC 17 1958

MAY 25 1957

NOV 19 1958 SA

RECEIVED
11-19-58
WRIGHT CO. HEALTH DEPT.
County File Number 158/39

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.

Signed George Slapp
Student _____
Student Embalmer

Licensed Embalmer No. 2151

P. O. Address Wm. Stone 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.