

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043752

STATE FILE NUMBER

FILED DEC 16 1958 Registration District No. 120 Primary Registration District No. _____ Registrar's No. 278

1. PLACE OF DEATH a. COUNTY Gentry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN King City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN King City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Length of stay in lb 2 yrs.	d. STREET ADDRESS (If outside, give location) (No Street Address)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Daniel Middle Alvero Last Trubey			4. DATE OF DEATH Month Dec. Day 6, Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 2, 1864	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Car Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) (Un.) Ohio		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Daniel Trubey		13b. MOTHER'S MAIDEN NAME Ester Heath		14. NAME OF HUSBAND OR WIFE Ida Mae (Deceased)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-16-4608A		17. INFORMANT Address Violet Mae Myers, King City, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UREMIA					INTERVAL BETWEEN ONSET AND DEATH 24-30 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Advanced Arteriosclerosis					Sev. Months
DUE TO (c) Arteriosclerosis					20 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 446X					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.) ✓		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ✓		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Nov. 1, 1958 to Dec. 6, 1958 and last saw ^{her} him alive on Dec. 6th, 1958 Death occurred at 10:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Ed Slucher (Degree or title) D.O. 2			22b. ADDRESS KING CITY, MO		22c. DATE SIGNED 12-9-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/9/58	23c. NAME OF CEMETERY OR CREMATORY King City Cem.		23d. LOCATION (City, town, or county) (State) King City, Mo.
24. FUNERAL DIRECTOR Taggart-Woodrel ADDRESS King City, Mo.		25. DATE RECD. BY LOCAL REG. 12-9-58		26. REGISTRAR'S SIGNATURE Mrs. L. W. Barr	

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION
Fischer
Dr. E. P. P.

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 *Harold S. Koedel*

Licensed Embalmer No. *4609*
P. O. Address *King City, 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.