

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005220
STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 136

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1-57

| | | | | | |
|--|----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Springfield</u> ³⁹⁶ / ₀ | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Burge Hosp.</u> | | Length of stay in lb <u>4 1/2 mon.</u> | d. STREET ADDRESS (If outside, give location) <u>216 E. Division</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Hollie</u> Middle <u>W. Trusty</u> Last | | | 4. DATE OF DEATH Month <u>Feb.</u> Day <u>6,</u> Year <u>1959</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Feb. 17, 1893</u> | 9. AGE (In years last birthday) <u>65</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>barber</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Barber Shop</u> | 11. BIRTHPLACE (City and state or country) <u>Webster County, Mo.</u> | | 12. CITIZEN OF, WHAT COUNTRY? <u>U. S. A.</u> |
| 13a. FATHER'S NAME <u>Tom White</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Letterman</u> | | 14. NAME OF HUSBAND OR WIFE <u>Matthew Trusty (Dec.)</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. <u>559-28-6959</u> | 17. INFORMANT (<u>Sister</u>) Address <u>Mrs. Virgil Stovall - Springfield, 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>Malignant lymphoma</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> |
| 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>2002.</u> | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | |
| 21. I attended the deceased from <u>10-16-58</u> , to <u>2-6-59</u> and last saw her/him alive on <u>2-6-59</u> Death occurred at <u>4:00 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>A. M. King</u> | | | 22b. ADDRESS <u>1630 N. Jefferson, Springfield Mo.</u> | | 22c. DATE SIGNED <u>2-9-59</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>2-9-1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Rex Rainey - Springfield, Mo.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>2-10-59</u> | | 26. REGISTRAR'S SIGNATURE <u>Effie G. Melton</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related. occur, coroner, etc. must use only standard nomenclature in item 18 - no symptoms will be listed.

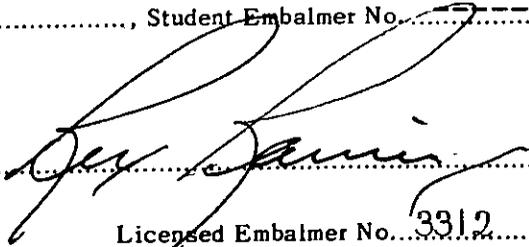
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STATEMENT BY LICENSED EMBALMER

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  _____
Licensed Embalmer No. 3312

P. O. Address Springfield, 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.