RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-042514
STATE FILE NUMBER

FILED VS NOV 21 1960

Registration District No. 905 S Primary Registration District No. 4246 Registrar's No. 187

1. PLACE OF DEATH
a. COUNTY Jasper County, Mo.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carl Junction — Length of stay in this place: 7 mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 309 Lewis St. — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Carl Junction — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 309 Lewis Street — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Lloyd Middle: Rex Last: Trussell
4. DATE OF DEATH 11 Month 7 Day 1960 Year
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4-2-60
9. AGE (last birthday) — IF UNDER 1 YEAR: Months 7, Days 5 — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Joplin, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Ralph Trussell
13b. MOTHER'S MAIDEN NAME Norma Marshall
14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Ralph Trussell, Address Carl Jct., Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Microcephaly — long.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 4-2-60 to 11-7-60 and last saw him alive on 11-7-60
Death occurred at 8 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J B Scarce (Degree or title) MD
22b. ADDRESS 114 W 32nd Joplin
22c. DATE SIGNED 11/9/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/9/1960
23c. NAME OF CEMETERY ~~OR CREMATORY~~ Carl Junction Mo.
23d. LOCATION (City, town, or county) (State) Carl Jct. Mo.

24. FUNERAL DIRECTOR Roney Funeral Service ADDRESS Carl Junction Mo.
25. DATE RECD. BY LOCAL REG. 11-14-60
26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

NOV 22 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jack C. Simpso

Licensed Embalmer No. 467

P. O. Address Webb City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.