

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-012815

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 73

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 2887

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED MAR 19 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Randolph</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u> Length of stay in 1b <u>8 Days</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Woodland Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>MO</u> b. COUNTY <u>Randolph</u></p> <p>c. CITY OR TOWN <u>Clark</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>R.F.D # 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print)</p> <p style="text-align: center;">First Middle Last <u>IDA TRUESDELL</u></p>	<p>4. DATE OF DEATH Month Day Year <u>March - 12 - 1963</u></p>
<p>5. SEX <u>Female</u></p> <p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p> <p>8. DATE OF BIRTH <u>4-21-86</u></p> <p>9. AGE (last birthday) <u>76</u></p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u></p> <p>13a. FATHER'S NAME <u>James Gentry</u></p>	<p>10b. KIND OF BUSINESS OR INDUSTRY <u>-</u></p> <p>11. BIRTHPLACE (City and state or country) <u>Clark MO</u></p> <p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p> <p>13b. MOTHER'S MAIDEN NAME <u>Mildred Embree</u></p> <p>14. NAME OF HUSBAND OR WIFE <u>Sam Truesdell</u></p>
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u></p> <p>16. SOCIAL SECURITY NO. <u>[redacted]</u></p>	<p>17. INFORMANT <u>Sam Truesdell Clark MO.</u></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a)</p> <p style="text-align: center;"><u>central hemorrhage</u></p> <p style="text-align: center;">INTERVAL BETWEEN ONSET AND DEATH <u>2 m 9</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)</p> <p>DUE TO (c)</p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p style="text-align: center;">PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p> <p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p> <p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>
<p>21. I attended the deceased from <u>Mar 4</u> to <u>March 12</u> and last saw her/him alive on <u>March 12 63</u></p> <p>Death occurred at <u>8:20 P.</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>[Signature]</u></p>	<p>22b. ADDRESS <u>Moberly MO</u></p> <p>22c. DATE SIGNED <u>3-13-63</u></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p> <p>23b. DATE <u>March-14-1963</u></p> <p>23c. NAME OF CEMETERY OR CREMATORY <u>Chapel Grove Cemetery</u></p> <p>23d. LOCATION (City, town, or county) (State) <u>Clark Missouri</u></p>	<p>25. DATE RECD. BY LOCAL REG. <u>March 14-1963</u></p> <p>26. REGISTRAR'S SIGNATURE <u>[Signature]</u></p>

USE BLACK INK OR TYPEWRITER RIBBON

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 R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly 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.

Remix Embalmed 3-14-63