

FILED OCT 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31541

230

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No. 230	
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway			
b. CITY OR TOWN Maryville				c. CITY OR TOWN Maryville		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 5 wks.				e. STREET ADDRESS (If rural, give location) 614 West Second			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				0740			
3. NAME OF DECEASED (Type or Print)		a. (First) Clarabelle		b. (Middle) Trullinger		c. (Last) Trullinger	
4. DATE OF DEATH		(Month) 10		(Day) 5		(Year) 56	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		8. DATE OF BIRTH 7/30/82	
9. AGE (in years last birthday) 74		IF UNDER 1 YEAR Months 74		IF UNDER 1 YEAR Days 74		IF UNDER 1 YEAR Hours 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) Tuscola Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE John B. Trullinger, dec.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Robert Ford, Kansas City, Kans			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral vascular accident ANTECEDENT CAUSES severely arteriosclerotic Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) prolonged fungus DUE TO (c) Decubitus ulcers II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9037				INTERVAL BETWEEN ONSET AND DEATH 5 wks. 5 wks.	
19a. DATE OF OPERATION 9/7/56		19b. MAJOR FINDINGS OF OPERATION pinned hip 9/7/56				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) slipped		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in home		21c. (CITY, TOWN, OR TOWNSHIP) Maryville		21d. (COUNTY) Nodaway	
21d. TIME OF INJURY (Month) 8 (Day) 28 (Year) 56 (Hour) 11 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell in yard picking fruit			
22. I hereby certify that I attended the deceased from 8-28-56 , to Oct. 5, 1956 , that I last saw the deceased alive on 10-6-56 , and that death occurred at 11 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE H. Bauman		(Degree or title) M. D.		23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 10/5/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10/8/56		24c. NAME OF CEMETERY OR CREMATORY Miriam		24d. LOCATION (City, town, or county) (State) Maryville, Missouri	
DATE REC'D BY LOCAL REG. 10-13-56		REGISTRAR'S SIGNATURE Beas		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Clum M. Pucci

Licensed Embalmer No. *182*

P. O. Address *Maryville*

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.