

FILED JAN 22 1969

CERTIFICATE OF DEATH

124

69-001525

DO NOT WRITE  
ON THIS STUB

VS 300  
Rev. 1/68

Registration District No. 142 Primary Registration District No. 4231 Registrar's No. 2

DECEASED—NAME FIRST MIDDLE LAST 1. Milton O. Trullinger			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. 1-17-1969
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White		AGE—LAST BIRTHDAY (YEARS) 5a. 73	UNDER 1 YEAR 5b. MOS. DAYS 5c. HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. 4-25-1895
CITY, TOWN, OR LOCATION OF DEATH 7a. Mountain View		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. St. Francis Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Iowa		CITIZEN OF WHAT COUNTRY 9. USA		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Dorothea
SOCIAL SECURITY NUMBER 12. 485-67-8664		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Farming		KIND OF BUSINESS OR INDUSTRY 13b. Retired Farmer
RESIDENCE—STATE 14a. Missouri	COUNTY 14b. Howell	CITY, TOWN, OR LOCATION 14c. Willow Springs		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. No
FATHER—NAME 15. Hillary B. Trullinger		MOTHER—MAIDEN NAME 15. Clara Ober		
INFORMANT—NAME 17a. Dorothea Trullinger		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. R.R.#2 Willow Springs, Mo. 65793		

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0460  
PARENTS

FATHER—NAME 15. Hillary B. Trullinger		MOTHER—MAIDEN NAME 15. Clara Ober		
INFORMANT—NAME 17a. Dorothea Trullinger		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. R.R.#2 Willow Springs, Mo. 65793		

PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE (a) Uremia. DUE TO, OR AS A CONSEQUENCE OF: (b) Arterionephrosclerosis. DUE TO, OR AS A CONSEQUENCE OF: (c) Arteriosclerosis generalized - severe.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO) 19a.
Pulmonary emphysema, severe.		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.
INJURY AT WORK (SPECIFY YES OR NO) 20a.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20b.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20c.	

CERTIFICATION—PHYSICIAN: 1. ATTENDED THE DECEASED FROM 21a. 2/2/60	TO 21b. 1/17/69	AND LAST SAW HIM/HER ALIVE ON 21c. 1/17/69	I DID NOT VIEW THE BODY AFTER DEATH. 21d.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 11:00 P.M.
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CERTIFIER—NAME (TYPE OR PRINT) 23a. Amos L. Coffee, M. D.	SIGNATURE 23b. Amos L. Coffee	DEGREE OR TITLE 23c. M.D.	DATE SIGNED (MONTH, DAY, YEAR) 23d. 1/19/69
MAILING ADDRESS—CERTIFIER 23a. 105-7 West Second St.,	STREET OR R.F.D. NO., CITY OR TOWN, STATE 23b. Willow Springs, Missouri	STATE 23c. 65793	

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Pine Grove	LOCATION 24c. Willow Springs, Mo. 65793
DATE 24d. 1-20-1969	FUNERAL HOME—NAME AND ADDRESS 24e. Burns Funeral Home	STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP 24f. Willow Springs, Mo. 65793
FUNERAL DIRECTOR—SIGNATURE 25a. Errol S. Durbin	REGISTRAR—SIGNATURE 25b. Anna L. Givens	DATE RECEIVED BY LOCAL REGISTRAR 25c. 1-20-69

CERTIFIER

BURIAL

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

9. 0  
10a. 73  
10b.  
11. 1  
12. 1  
13. 403X  
14.  
15. 9  
16.  
17.  
18. 0  
19. CREDITS  
20. 2-0

JAN 24 1969

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 Errol J. Durbin

Licensed Embalmer No. 5414

P. O. Address Box 56 Willow Springs, 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.

65793