

No. 2  
M-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

# THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **23696**  
Registrar's No. **103**

**FILED AUG 7 1947**

Registration District No. \_\_\_\_\_ Primary Registration District No. **3012**

**1. PLACE OF DEATH:**

(a) County Clay

(b) City or town Excelsior Springs, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. 28 days  
(Specify whether years, months or days)

In this community 2 mos. 28 days  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Oklahoma (b) County Ottawa **999**

(c) City or town Afton **34** (Rural)  
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1  
(If rural, give location)

(e) Citizen of foreign country? No **2** (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Eugene A. Trimble

3. (b) If veteran, name war WW II

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Betty Trimble

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased December 16 1914  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
32	6	16	hr. _____ min. _____

9. Birthplace Miller Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business Automobile Company

MOTHER FATHER

12. Name Thomas Virgil Trimble

13. Birthplace --- Kansas  
(City, town, or county) (State or foreign country)

14. Maiden name Locky Mae Young

15. Birthplace --- Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records Veterans Administration Hospital

(b) Address Excelsior Springs, Missouri

17. (a) Removal (b) Date thereof 7-3-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Removed to: Vinita, Oklahoma

18. (a) Signature of funeral director Virgil Hope  
HOPE FUNERAL HOME

(b) Address Excelsior Springs, Missouri

19. (a) 7/3/47 (b) Paroline Hitchcock  
(Date received local registrar) (Registrar's signature)

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2  
year 1947 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from April 4 1947 to July 2 1947  
that I last saw h. im alive on July 2 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia, right **2 days**  
Duration

Due to Empyema chronic, left, secondary to pneumonectomy, left, post operative  
Due to \_\_\_\_\_

Other conditions 107  
(Include pregnancy within 3 months of death)

Major findings: autopsy: Same as above and Bronchiectasis mild, right, lower lobe Mural thrombosis, right heart. **PHYSICIAN**  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_ **0**

23. Signature Burnett Schaff (M. D. or other) **M.D.**  
BURNETT SCHAFF  
Address Veterans Administration Hosp. Excelsior Springs, Mo. Date signed 7/2/47

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

RECEIVED

District Health Officer No. 6

District File Number

Date Filed

8-5-47

AUG 13 1947

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Chas. Virgil Hope*

Licensed Embalmer No. 3956

P. O. Address

*Geelsior 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 this body is not embalmed, fact should be so stated above.