

FILED DEC 15 1948

4249

Registration District No. **59** Primary Registration District No. **58**

1. PLACE OF DEATH

(a) County **Jefferson**

(b) City or town **Bellevue, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **Cedar Lane Nursing Home**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **16 days**  
specify whether

In this community **16 days**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francois**

(c) City or town **Bellevue, Mo.**  
(If outside city or town limits, write "RURAL")

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

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

If yes, name country.....

3. (a) PRINT FULL NAME **JOHN ALBERT TRIMBLE**

3. (b) If veteran **V**

3. (c) Social Security No. **490-14-3520**

name war.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **27**  
year **1948** hour **5** minute **A.M.**

21. I hereby certify that I attended the deceased from **Nov. 17, 1948**  
to **Nov. 27, 1948**  
that I last saw him alive on **Nov. 24, 1948**  
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Widowed**

Name of husband or wife **Lena Trimble**

6. (c) Age of husband or wife if alive **2** years

7. Birth date of deceased **Dec 14 1871**  
(Month) (Day) (Year)

Immediate cause of death **arteriosclerotic heart disease with myocardial insufficiency**

Due to **generalized arteriosclerosis**

Due to.....

Other conditions **nephritis, chronic**  
(Include pregnancy within 3 months of death)

8. AGE: Years **75** Months **1** Days **13**  
If less than one day  
.....br.....min.

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

10. Usual occupation **Retired**

11. Industry or business.....

12. Name **Henry Clay Trimble**

13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Lucy Lewis**

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

16. (a) Informant **Lucy Trimble**

(b) Address **3827 New St. Lucas Mo**

17. (a) **Burial** (b) Date thereof **11-28-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **B.I. Cemetery**

18. (a) Signature of funeral director **Benjamin Huddle**

(b) Address **313 Benham Lane St. Louis Mo**

19. (a) **12-4-48** (b) **Richard W. ...**  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: **nephritis, chronic**

Of operations.....

Of autopsy.....

Underline the cause of 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?.....  
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature **Thomas A. Donohue** (M. D. or other) **M.D.**  
Address **Desoto, Mo.** Date signed **Nov. 27 1948**

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed DEC 14 1948

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 \_\_\_\_\_

*Lin Counts* \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *Lin Counts* \_\_\_\_\_  
Licensed Embalmer No. *4587* \_\_\_\_\_  
P. O. Address *Bonne Terre, 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.