

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5308

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BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (in this place) 48 years		d. STREET ADDRESS (If rural, give location) 1213 West 9th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1213 West 9th Street		d. STREET ADDRESS (If rural, give location) 1213 West 9th Street	
3. NAME OF DECEASED a. (First) Iduna		b. (Middle) Maud	
c. (Last) Trimble		4. DATE OF DEATH (Month) (Day) (Year) February 7, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 10, 1888
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ash Grove, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Charles L. Simmons	
13b. MOTHER'S MAIDEN NAME Hattie May Cowell		14. NAME OF HUSBAND OR WIFE E. F. Trimble	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME E. F. Trimble		ADDRESS 1213 W. 9th Joplin Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Reticulum Cell, lymphosarcoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with marked anemia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Biopsy - 8-19-48 found to be adenocarcinoma	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3-2-1948, to 2-7-1949, that I last saw the deceased alive on 2-7-1949, and that death occurred at 10:47 m., from the causes and on the date stated above.			
23a. SIGNATURE Howard		23b. ADDRESS (Degree or title) M.D. Joplin West Park Bldg, Joplin	
23c. DATE SIGNED 2-9-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 11, 1949	
24c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery		24d. LOCATION (City, town, or county) (State) Joplin, Missouri	
DATE REC'D BY LOCAL REG. 2-11-49		REGISTRAR'S SIGNATURE Col. J. H. Jones 138	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Thornhill-Dillon Mortuary Joplin Mo.	

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.

Signed: Philip M. Deane

Signed.....
Student Embalmer

Licensed Embalmer No. 3566

P. O. Address Joplin 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.