

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 9 1949

State File No. 15429

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden	
c. LENGTH OF STAY (in this place) 36 yrs		d. STREET ADDRESS (If rural, give location) -	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE			
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) TRINKLER c. (Last) TRINKLER			4. DATE OF DEATH (Month) (Day) (Year) May 27 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 24, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rail Road Watchman		10b. KIND OF BUSINESS OR INDUSTRY Rail-roading	9. AGE (In years last birthday) 69
		11. BIRTHPLACE (State or foreign country) Maplewood, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Carl Trinkler		13b. MOTHER'S MAIDEN NAME Christine Rhinekrant	14. NAME OF HUSBAND OR WIFE Irdie Trinkler
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. 497-03-1441	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Irdie Trinkler Malden, Missouri
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) Tuberculosis, Pulmonary, bilateral INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 002X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE. (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 December 18, 1947 , to 26 May , 1949, that I last saw the deceased alive on 26 May , 1949, and that death occurred at 2:00 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Charles Williams, M.D.		23b. ADDRESS Malden, Missouri	
23c. DATE SIGNED 28 May 49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 29-1949	
24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Malden, Missouri	
DATE REC'D BY LOCAL REG. 6/4/49		REGISTRAR'S SIGNATURE J. S. Schaeffer	
25. FUNERAL DIRECTOR'S SIGNATURE Wallace R. Knight		ADDRESS Malden	

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

RECEIVED

District Health Office No. 2,

District File Number 649-645

Date Filed 6-6-49

SEP 25 1956

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 _____
Student Embalmer

Signed Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address Malden, Missouri

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.