No. 300
10-48

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41596 State File No. 41596

BIRTH NO. 27611-49 REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 3652 Registrar's No. 28

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

1. PLACE OF DEATH
a. COUNTY: Lawrence Co Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Miller R. R. Greene
c. LENGTH OF STAY (in this place): Native
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Miller Greene
d. STREET ADDRESS (If rural, give location): Greene Twp

3. NAME OF DECEASED (Type or Print)
a. (First): Glenda
b. (Middle): Fay
c. (Last): Trimble

4. DATE OF DEATH (Month) (Day) (Year): 11-17-49

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single (1)
8. DATE OF BIRTH: 2-8-1949
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 9 Days 9; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ✓
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Lawrence Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: ✓

13a. FATHER'S NAME: Glenn Trimble
13b. MOTHER'S MAIDEN NAME: Ina Olinger
14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Glenn Trimble
ADDRESS: Miller 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cystic Fibrosis of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 8 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) — 5872

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Extreme malnutrition — 7 mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-24, 1949, *to* 11-17, 1949, *that I last saw the deceased alive on* 10-4, 1949, *and that death occurred at* 8:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Urban Busick MS
23b. ADDRESS: Springfield Mo
23c. DATE SIGNED: 11-21-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-18-49
24c. NAME OF CEMETERY OR CREMATORY: Pennsboro
24d. LOCATION (City, town, or county): N. of Miller (State) Mo.

DATE REC'D BY LOCAL REG.: 10-26-49
REGISTRAR'S SIGNATURE: W. S. Burney 158
25. FUNERAL DIRECTOR'S SIGNATURE: G. R. Leimore
ADDRESS: Miller Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 3 1950
District Health Office No. 6,
District File Number 150 - 4
Date Filed 1 - 3 - 50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was Not embalmed ~~by me, or by~~ .....,

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed E. R. Lemon

Licensed Embalmer No. 3297

P. O. Address Miller 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.