

BIRTH NO. _____ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 4557 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pomona</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pomona</u>	
c. LENGTH OF STAY (in this place) <u>60 years</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Arnold</u> c. (Last) <u>Trimmer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 - 3 (3) '50</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>1/13/1869</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Month Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mail messenger</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mail messenger</u>		11. BIRTHPLACE (State or foreign country) <u>Rochester, New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Elliott Trimmer</u>		13b. MOTHER'S MAIDEN NAME <u>Dont know</u>		14. NAME OF HUSBAND OR WIFE <u>Laura McGathy</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Trimmer, Pomona, Mo.</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u> <u>Several year</u> <u>3 3/4</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerosis</u> 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.			

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 Aug 3, 1950 to Aug 3, 1950 that I last saw the deceased alive on Aug 3, 1950, and that death occurred at 8 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. E. Mueser M.D.</u>		23b. ADDRESS <u>Willow Springs Mo</u>		23c. DATE SIGNED <u>Aug 4 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8/6/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mackey cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>2 1/2 miles E. Pomona, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>8/12/50</u>		REGISTRAR'S SIGNATURE <u>Marshall Ballou</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Burns Funeral Home Willow Springs</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

460

1460

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED AUG 14 1950
Dist. File 850-969
Date Filed 8-15-50

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 Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Willow Springs

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.