

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17656  
Registrar's No. 125

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056

0883

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u> <u>0883</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>323 Hagood</u>		d. STREET ADDRESS (If rural, give location) <u>323 Hagood</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>S.</u> c. (Last) <u>Trimble</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 16</u> <u>1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>May 5 - 1868</u>		9. AGE (In years last birthday) <u>83</u>		10. MONTHS <u>0</u> 11. DAYS <u>11</u> 12. HOURS <u>11</u> 13. MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rtd</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>					

13a. FATHER'S NAME <u>No data available</u>		13b. MOTHER'S MAIDEN NAME <u>Modata</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Eva Babb Moberly Mo</u>	
(If yes, give war or dates of service)				ADDRESS <u>Moberly 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>arterio sclerosis</u>			D.K.
		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 <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <u>4221</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 April 1, 1948, to May 13, 1951, that I last saw the deceased alive on May 12, 1951, and that death occurred at 12:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>P. V. Dreyer MD</u>		23b. ADDRESS <u>Huntsville Mo</u>		23c. DATE SIGNED <u>5/18/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 18 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>	
				24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>	

DATE REC'D BY LOCAL REG <u>May 18 51</u>		REGISTRAR'S SIGNATURE <u>Lea Williams Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahon and Son</u>	
				ADDRESS <u>Moberly Mo</u>	

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

Date Received: **MAY 2 1 1951**  
DISTRICT HEALTH OFFICE #2  
District File Number *5-51-937*  
Date Filed: **MAY 2 2 1951**

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**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 *Frank D. DeWalt* .....

Licensed Embalmer No. *30-21* .....

P. O. Address *Moberly, 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.