

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23264
3107

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (in this place) 40 YEARS		d. STREET ADDRESS (If rural, give location) 604 West 10th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) S c. (Last) Trumble	4. DATE OF DEATH (Month) (Day) (Year) 7-19-51
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC-10-1902	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES SUPERINTENDANT	10b. KIND OF BUSINESS OR INDUSTRY ROYAL CROWN BOTTLES	11. BIRTHPLACE (State or foreign country) ST. JOSEPH, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WILLIAM TRUMBLE	13b. MOTHER'S MAIDEN NAME MARTHA DENNY	14. NAME OF HUSBAND OR WIFE MRS. FLORENCE TRUMBLE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) WORLDWAR I 486-07-4157	17. INFORMANT'S SIGNATURE OR NAME MRS. FLORENCE TRUMBLE	ADDRESS 604 W. 10TH ST. KANSAS CITY, MO.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Metastasis		INTERVAL BETWEEN ONSET AND DEATH 12 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchogenic Ca of Left Lung		
	DUE TO (c) Nephritis, Hypertosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		5 days	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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? _____
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22. I hereby certify that I attended the deceased from **July 7, 1951**, to **July 19, 1951**, that I last saw the deceased alive on **July 18, 1951**, and that death occurred at **12:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Leo A. O'Brien M.D.	23b. ADDRESS 1002 Arroyo K.C. Mo.	23c. DATE SIGNED 7-20-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 21 1951	24c. NAME OF CEMETERY OR CREMATORY PLATTE CITY CEMETERY	24d. LOCATION (City, town, or county) (State) PLATTE CITY MISSOURI
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DATE REC'D BY LOCAL REG. 7-21-51	REGISTRAR'S SIGNATURE Seraldise Holmes	25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newcomer	ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 15 1900

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:

Edward M. Storey

Licensed Embalmer No. *4452*

P. O. Address. *K.C. 4 me*

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.