

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

10 FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 8

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

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lamar</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Little Rock</u>	
c. LENGTH OF STAY (If this place) <u>12 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1000 Calhoun St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barton Co. Memorial Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>	b. (Middle) <u>W. W.</u>	c. (Last) <u>Trimble</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2, 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 22, 1905</u>	9. AGE (In years last birthday) <u>46</u>	10. UNDER 1 YEAR Months Days	11. UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Building Constr.</u>	11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
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13a. FATHER'S NAME <u>Lee Trimble</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Dye</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth Trimble</u>
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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>NO.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruth Trimble, Little Rock, Ark.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Concussion & Contusion of Brain</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Skull Fracture, Rt. occipital parietal area.</u>		
DUE TO (c) <u>Compound Fracture Rt. Tibia</u>		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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway # 71</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lamar, Barton Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 2 1952 3:30 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Run down by car on highway</u>
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22. I hereby certify that I attended the deceased from Feb. 2, 1952, to Feb. 2, 1952, that I last saw the deceased alive on Feb. 2, 1952, and that death occurred at 3:52 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John T. Beckel, MD</u>	(Degree or title)	23b. ADDRESS <u>Lamar, Missouri</u>	23c. DATE SIGNED <u>2/4/52</u>
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24a. HOSPITAL, CREMATORIUM REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-4-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Collins Station Chh</u>	24d. LOCATION (City, town, or county) (State) <u>Little Rock Ark</u>
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DATE REC'D BY LOCAL REG. <u>FEB 4 - 1952</u>	REGISTRAR'S SIGNATURE <u>Marie Kanawitz</u>	14-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clarence H. Clark</u>	ADDRESS <u>Lamar</u>
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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 Clarence W. Chiles

Licensed Embalmer No. 3473

P. O. Address Jama, Md

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.