

## STANDARD CERTIFICATE OF DEATH

State File No. **13663**

FILED APR 27 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **103**

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jefferson City</b>	c. LENGTH OF STAY (In this place) <b>36 mo</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>New Bloomfield 0140</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	

3. NAME OF DECEASED a. (First) <b>Hurrell</b> b. (Middle) <b>William</b> c. (Last) <b>Trinkard</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 17-53</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Apr 15-1881</b>	9. AGE (In years last birthday) <b>72</b>	10. UNDER 1 YEAR Months Days Hours Min. <b>— 2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Paper Hanger Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Sub MacCann</b>		11. BIRTHPLACE (State or foreign country) <b>Callaway Co Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>James Trinkard</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Jones</b>	
14. NAME OF HUSBAND OR WIFE <b>Anna Trinkard</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Edw Trinkard</b>		18. ADDRESS <b>New Bloomfield</b>			

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arteriosclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs -</b>
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	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 <b>4200</b>	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)	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 15, 1953**, to **April 27, 1953**, that I last saw the deceased alive on **April 17, 1953** and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Carl P. Boyd M.D.</b>		(Degree or title)		23b. ADDRESS <b>Jeff. City, Mo</b>		23c. DATE SIGNED <b>4-18-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Reburial</b>	24b. DATE <b>Apr 19-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Bloomfield</b>		24d. LOCATION (City, town, or county) (State) <b>New Bloomfield Mo</b>			
DATE REC'D BY LOCAL REG. <b>April 20-1953</b>	REGISTRAR'S SIGNATURE <b>R. P. Davis Md - Mo</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walt Claytor</b>		ADDRESS <b>W. B. Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 LeRoy Claypool

Licensed Embalmer No. 4412

P. O. Address New Bloomfield

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.