

**THE DIVISION OF HEALTH OF THE STATE OF NEVADA  
STANDARD CERTIFICATE OF DEATH**

State File No. **32018**

No. 300  
10.48

**FILED SEP 27 1955**

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

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>3076</u>		Registrar's No. <u>149</u>	
1. PLACE OF DEATH a. COUNTY <u>Nevada</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Arizona</u> b. COUNTY <u>Maricopa</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u>		c. LENGTH OF STAY (If in this place) <u>6 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Phoenix</u>		802 <sup>0</sup> 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>1704 E. Northern Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leona</u> b. (Middle) <u>B</u> c. (Last) <u>Trumble</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-14-1955</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 12-1908</u>	
9. AGE (In years last birthday) <u>47</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (In years) (If under 1 year) (If under 1 month) (If under 1 day) (If under 1 hour) (If under 1 min.) <u>47</u> <u>7</u> _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Progresso Co. Arizona</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>George Bard</u>			13b. MOTHER'S MAIDEN NAME <u>Odella Stewer</u>			14. NAME OF HUSBAND OR WIFE <u>Francis H. Trumble</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>382-03-8070</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Francis H. Trumble</u> ADDRESS <u>Donovan, Ill.</u>			
<b>MEDICAL CERTIFICATION</b>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>					INTERVAL BETWEEN ONSET AND DEATH. <u>8 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive heart failure</u> <u>8 days</u>					
		DUE TO (c) <u>Pneumonia</u> <u>8 days</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Autopsy analysis of pelvis at age 8 years.</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>H201.</u>					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) (Minute) _____		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 <u>9/8</u> , 19 <u>55</u> , to <u>9/14</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9/14</u> , 19 <u>55</u> , and that death occurred at <u>5 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>K. E. Morris, M.D.</u> (Degree or Title)				23b. ADDRESS <u>Nevada, Mo.</u>		23c. DATE SIGNED <u>9/20/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-14-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cem. Beresville, Watauga</u>		24d. LOCATION (City, town, or county) (State) <u>Ill.</u>	
DATE REC'D BY LOCAL REG. <u>9-24-55</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hayes Funeral Service Inc, Nevada Mo.</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

NOV 21 1967

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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 H. H. Marmaduke

Licensed Embalmer No. 2070

P. O. Address Nevada, 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.