

STANDARD CERTIFICATE OF DEATH

11829

FILED MAR 18 1957

STATE FILE NUMBER

Registration District No. 352 Primary Registration District No. 6190 Registrar's No. 28

Health, Welfare, Public Service
300
1-56
All deaths due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Taney</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Branson</u>		c. CITY OR TOWN <u>Branson</u>		d. STREET ADDRESS (If outside, give location) <u>W. Highway 148</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Branson</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Branson</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Length of stay in lb <u>10 years</u>		d. STREET ADDRESS (If outside, give location) <u>W. Highway 148</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Bruce Raymond Trimble</u>				4. DATE OF DEATH <u>3-9-57</u>			
5. SEX <u>M</u>				6. COLOR OR RACE <u>W.</u>			
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>				8. DATE OF BIRTH <u>Jan. 10 - 1900</u>			
9. AGE (In years last birthday) <u>57</u>				IF UNDER 1 YEAR		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Industrious Teacher of Kansas City MO</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>University</u>		11. BIRTHPLACE (City and state or country) <u>State of Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13. FATHER'S NAME <u>Farmer T. Trimble</u>			
14. MOTHER'S MAIDEN NAME <u>Alice Hale</u>				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>486-346788</u>				17. INFORMANT <u>Mary Trimble</u> Address <u>Branson MO. RT.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>3-9-57</u> to <u>3-9-57</u> and last saw <u>him</u> alive on <u>Oct 17, 56</u> . Death occurred at <u>7:00 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Ed D. Bennett M.D.</u> (Degree or title)				22b. ADDRESS <u>Branson Mo.</u>		22c. DATE SIGNED <u>3-13-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>3-12-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Ogden Memorial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Branson MO</u>	
24. FUNERAL DIRECTOR <u>Whelchel Funeral Home</u> ADDRESS <u>Branson MO</u>				25. DATE RECD. BY LOCAL REG. <u>3-15-57</u>		26. REGISTRAR'S SIGNATURE <u>Heleen Campbell</u>	

MAR 20 1953

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 _____
Signature of Student Embalmer

Signed Minnie L. Welch

Licensed Embalmer No. 227

P. O. Address Blanton

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.