

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40732

FILED DEC 12 1957

STATE FILE NUMBER  
REGISTRAR'S NO. 535

Registration District No. 146 Primary Registration District No. 3026

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <b>INDEPENDENCE</b>		c. CITY OR TOWN <b>INDEPENDENCE MO</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>INDEPENDENCE SANITARIUM</b>		d. STREET ADDRESS (If outside, give location) <b>3049 VERMONT AVE</b>	
3. NAME OF DECEASED (Type or print) First <b>JENNIE</b> Middle <b>MAE</b> Last <b>TRINQUAL</b>		4. DATE OF DEATH Month <b>DEC</b> - Day <b>3</b> - Year <b>1957</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 12 1883</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>EMPLOYEE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>KENICKS GREENHOUSE</b>	11. BIRTHPLACE (City and state or country) <b>CALAIS FRANCE</b>
13a. FATHER'S NAME <b>ALBERT BEZAE</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>AUGUST ALBERT TRINQUAL</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>488-36-5737</b>	17. INFORMANT <b>AUGUST BEAT. TRINQUAL</b> Address <b>4801 ELMWOOD KANSAS CITY, MO</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b> DUE TO (b) <b>Arterio-sclerotic failure</b> DUE TO (c) <b>chronic arterio-sclerotic disease</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Dehydrated mottled</b>			INTERVAL BETWEEN DEATH AND DEATH <b>3 days</b> <b>3 days</b>
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 Hour _____ a.m. _____ p.m. Month, Day, Year _____		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>7:00 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Fred W. Dick, MD</b>		22b. ADDRESS <b>10229 Independence Rd</b>	
22c. DATE SIGNED <b>12/3/57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>DEC-5-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. ST. MARY'S CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>
24. FUNERAL DIRECTOR <b>D.N. NEWCOMER'S SONS</b>		25. DATE RECD. BY LOCAL REG. <b>12-5-57</b>	26. REGISTRAR'S SIGNATURE <b>Jessie Skyles</b>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

54-0

DEC 10 1957

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 *Basil V. Honey* .....

Licensed Embalmer No. *4724* .....

P. O. Address *K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.