

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021263
STATE FILE NUMBER

FILED JUL 7 1958 Registration District No. 72 Primary Registration District No. 3013 -Registrar's No. 3703

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>North Kansas City 16 MO</u>		c. CITY OR TOWN <u>Kansas City 16</u> ⁵⁰⁰⁸	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>North Kansas City Mem. Hosp. 3 hrs 15 m.</u>		d. STREET ADDRESS (If outside, give location) <u>4521 No Oak TRAF</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Margaret Trimble</u>			4. DATE OF DEATH Month Day Year <u>6 18 58</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>w.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11/1/1892</u>
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	11. BIRTHPLACE (City and state or country) <u>PENNSYLVANIA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JOHN GARDNIER</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET CHAMBERS</u>	14. NAME OF HUSBAND OR WIFE <u>HENRY</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>487-38-8340</u>	17. INFORMANT Address <u>JAMES HAYNES - 4521 No Oak</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolism</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Phlebotrombosis septenarium</u> DUE TO (c) <u>Incapacity from cerebral thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>Several weeks</u> <u>Several weeks</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertensive Cardiovascular disease 332X</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 Month, Day, Year 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 _____ to _____ and last saw her/him alive on _____ Death occurred at <u>9:10 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Margaret Trimble M.D.</u>		22b. ADDRESS <u>2075 Swartz RKE Mo</u>	22c. DATE SIGNED <u>6/18/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>6-21-58</u>	23c. NAME OF CEMETERY OR CREMATORY CEM. <u>FOREST HILL</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY - MO.</u>
24. FUNERAL DIRECTOR <u>MELLODY-MCGILLEY-EYLAR K.C. MO.</u>		25. DATE RECD. BY LOCAL REG. <u>6-21-58</u>	26. REGISTRAR'S SIGNATURE <u>Margaret Trimble</u>

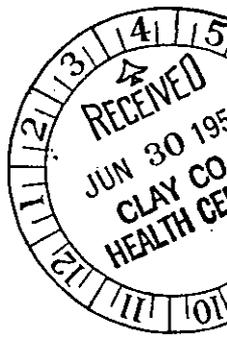
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

R.H. Dunham

All diseases in Part I must be causally related.

1956 JUN 6



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 *John C. Redmon*

Licensed Embalmer No. *5020*

P. O. Address *Judgesville*

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.

486-0921959