

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021375

STATE FILE NUMBER

FILED JUN 16 1958

Registration District No.

93

Primary Registration District No.

4154

Registrar's No.

58-41

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Dade</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Dade</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Greenfield Mo</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Greenfield Mo</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wells St</b>		Length of stay in lb <b>5yrs</b>	d. STREET ADDRESS (If outside, give location) <b>Wells St</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Leta</b> Middle <b>Ellen</b> Last <b>Trimble</b>			4. DATE OF DEATH Month <b>June</b> Day <b>8</b> Year <b>1958</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 20 1887</b>	9. AGE (In years last birthday) <b>71</b>	F UNDER 1 YEAR Months <b>0</b> Days <b>18</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Oregon Co Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>usa</b>
13a. FATHER'S NAME <b>Jackson Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Palmer</b>		14. NAME OF HUSBAND OR WIFE <b>Emmit Trimble</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>none</b>	17. INFORMANT Address <b>Orville Jones Greenfield 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>Coronary Thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <b>Coronary Atherosclerosis</b> DUE TO (c) <b>4201</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b> <b>2 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Essential Hypertension</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 of PART II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <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 <b>11-22-55</b> to <b>6-8-58</b> and last saw her alive on <b>3-26-58</b> Death occurred at <b>6:00a</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Lee A. Mc Neel MD</b>			22b. ADDRESS <b>Greenfield, Mo</b>		22c. DATE SIGNED <b>6-10-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6-9-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Antick</b>		23d. LOCATION (City, town, or county) (State) <b>Dade Co Mo</b>
24. FUNERAL DIRECTOR <b>W.R. Allison</b>		ADDRESS <b>Greenfield Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-13-1958</b>	26. REGISTRAR'S SIGNATURE <b>J. C. Canada</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 .....  
Signature of Student Embalmer

Signed *W. R. Allison* .....

Licensed Embalmer No. *4404* .....

P. O. Address *Greenville* .....

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.