DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 21 1959

59–029346
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3846

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY
Length of stay in 1b: 23YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. MARY'S HOSP.
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 5038 PARK
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First / Middle / Last: BERT C. TRIMBLE

4. DATE OF DEATH Month, Day, Year: AUG 6, 1959

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☒ **Never Married** ☐ **Widowed** ☐ **Divorced** ☐

8. DATE OF BIRTH: NOV 12, 1880

9. AGE (last birthday): 78 YRS.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CONDUCTOR CHICAGO AND GREAT

10b. KIND OF BUSINESS OR INDUSTRY: WESTERN R. R.

11. BIRTHPLACE (City and state or country): ST. JOSEPH, MO.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: ED TRIMBLE

13b. MOTHER'S MAIDEN NAME: ETTA BRAINERD

14. NAME OF HUSBAND OR WIFE: FAY TRIMBLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 708 10 2164

17. INFORMANT Address: MR. H.E. TRIMBLE 5038 PARK

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary Embolus	Instant
DUE TO (b)	Thrombophlebitis right femoral vein	?
DUE TO (c)	Amputation right leg at hip	Apr 22-59

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Broncho pneumonia & body contusions Diabetes Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): auto accident - 2-21-59

20c. TIME OF INJURY: Hour 2 00 a.m. p.m. ✓ Month, Day, Year 2-21-59

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 71 Highway

20f. CITY, TOWN, OR LOCATION: Near Belton COUNTY: MO STATE:

21. I attended the deceased from 2-24-59 to 8-6-59 and last saw ~~her~~ him alive on 8-5-59
Death occurred at 8-6-59 2 00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: D. F. Hogan (Degree or title): MD

22b. ADDRESS: 801½ W 39 K C MO

22c. DATE SIGNED: 8-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: AUG 8, 1959

23c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK CEM.

23d. LOCATION (City, town, or county) (State): ST. JOSEPH MISSOURI

24. FUNERAL DIRECTOR ADDRESS: D. W. NEWCOMER'S SONS K. C. MO.

25. DATE RECD. BY LOCAL REG.: 8-8-59

26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT — MEDICAL CERTIFICATION — BY AFFIDAVIT OF D. F. Hogan

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Roger F. Fullw

Licensed Embalmer No. 4818

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.