No. 2
5-17-39
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FILED JAN 2 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41747

Registration District No. 36 Primary Registration District No. 5052 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Seligman
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 20

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Seligman, Mo.
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Theopolis Leroy Trimble
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 20 (Day) 1861 (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	10	17	hr. min.

9. Birthplace (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm 9
FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ritchey
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Parley Jones
(b) Address Long Beach, Calif.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-40 (Month) (Day) (Year)
(c) Place: burial or cremation New Salem Cem.
18. (a) Signature of funeral director Koon Funeral Home
(b) Address Cassville, Mo.
19. (a) Dec. 8th 1940 (Date received local registrar) (b) Pollie S. Trout (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7
year 1940 hour 12:30 minute P M.
21. I hereby certify that I attended the deceased from Oct. 1, 1940, to Dec 7, 1940
that I last saw him alive on Dec. 7, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Edema.	
Due to Valvular insufficiency	
Due to	
Other conditions (Include pregnancy within 3 months of death) 92	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 35 (Specify type of place)
While at work? (e) Means of injury
23. Signature H W Edmund (M. D. or other)
Address Seligman Mo Date signed 1/4/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 141-[redacted]77
Date Filed JAN 10 1941

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Rufus J. Miller

Licensed Embalmer No. 3794

P. O. Address Cassville, 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 this body is not embalmed, above space should be left blank.