S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 14 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7831

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 99

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)
In this community 88 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Harrisburg
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROBERT ANDREW TRIMBLE
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Amarida Alice Wilhite Trimble
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 2 - 16 - 1850 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
98	0	15	hr. min.

9. Birthplace Scotland County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Roy Trimble
(b) Address Columbia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation Bethelhem Cemetery
18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.
19. (a) 4-3-48 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 31 year 1948 hour 4 minute A. M.
21. I hereby certify that I attended the deceased from Mar. 28 1948 to Mar 31 1948; that I last saw him alive on Mar 30 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	1 da.
Due to Fracture of left hip	4 da.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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)~~ Fell in home.
(b) Date of occurrence Mar 28 1948
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Nature of injury
23. Signature James M Baker M.D. (M. D. or other)
Address Columbia Mo. Date signed Apr. 2, 1948

(Licensed Embalmer's Statement on Reverse Side)

APR 12 1948

Not Health Officer No. 9,

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 W. D. Whiteside

Licensed Embalmer No. 3893

P. O. Address Columbia 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, fact should be so stated above.