

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 20 1949

State File No. ....

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

BIRTH NO. _____		REG. DIST. NO. <u>134</u>		PRIMARY REG. DIST. NO. <u>5492</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>near Eagleville - Rural</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi N. Eagleville.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>2 mi N. Eagleville.</u>			
3. NAME OF DECEASED (Type or Print) <u>Hortense</u>			a. (First)	b. (Middle)	c. (Last) <u>Trumbo</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 24, 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov. 5, 1870</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 HOUR Hours
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		11. BIRTHPLACE (State or foreign country) <u>New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>James Murphy</u>		13b. MOTHER'S MAIDEN NAME <u>Myrtle Van Bockburg</u>		13c. NAME OF HUSBAND OR WIFE <u>William Ernest Trumbo</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>William Ernest Trumbo, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>				<u> yrs.</u>	
		DUE TO (c) <u>Serulity</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June, 1947</u> , to <u>May 24, 1949</u> , that I last saw the deceased alive on <u>May 24, 1949</u> , and that death occurred at <u>11:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. B. Hyer D.O.</u>				23b. ADDRESS <u>Eagleville Mo.</u>		23c. DATE SIGNED <u>5-25-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 28 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Plymouth Presbyterian</u>		24d. LOCATION (City, town, or county) (State) <u>Plymouth Co. Iowa</u>	
DATE REC'D BY LOCAL REG. <u>May 29-49</u>		REGISTRAR'S SIGNATURE <u>S. Pha Shaw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert W. Baggert</u>		ADDRESS <u>Highway 900</u>	

**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. 328

working under my personal supervision.

Student Gerald W. Boyger  
Student Embalmer

Signed Robert R. Baggers

Licensed Embalmer No. 35-76

P. O. Address Ridgewood 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.