

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16823**  
**2398**

**FILED** JUN 13 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>127 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1841 Kansas</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #2</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Earl</b> b. (Middle) <b>Vernon</b> c. (Last) <b>Trigg</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5 22 52</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>11-22-14</b>
9. AGE (In years last birthday) <b>37</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Excelsior Springs, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>America</b>			

13a. FATHER'S NAME <b>Glenn Trigg</b>		13b. MOTHER'S MAIDEN NAME <b>Henrietta Doxie</b>		14. NAME OF HUSBAND OR WIFE <b>Viola Trigg</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>Unknown WWII 490-16-5226</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Waldo E. Trigg</b> ADDRESS <b>1841 Kansas Ave.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetic Encephalomyelitis</b>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetic Acidosis and Coma.</b>			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS		260X	
Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **5-19-52**, 19\_\_\_, to **5-22-52**, 19\_\_\_, that I last saw the deceased alive on **5-22-52**, 19\_\_\_, and that death occurred at **5:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Frank Ellis MD</b> (Degree or title)		23b. ADDRESS <b>600 East 22nd Street</b>		23c. DATE SIGNED <b>5-24-52</b>	
24a. BURIAL CREMATION (Specify) <b>Burial</b>		24b. DATE <b>5/27/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Excelsior Springs, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>5-26-52</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Watkins Cross 18th &amp; Denton</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

951

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed..... *Bruce H. Watkins*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4500*

P. O. Address *18<sup>th</sup> & Benton*

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.