No. 300
10.48

FILED JUL 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22555

State File No.

BIRTH NO. REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 4158 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY: DALLAS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BUFFALO
c. LENGTH OF STAY (in this place): 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dallas
c. CITY OR TOWN: Buffalo
d. Is Residence within limits of a city or incorporated town? Yes X No
e. STREET ADDRESS (If rural, give location): 0 200 0

3. NAME OF DECEASED (Type or Print)
a. (First): RHODA
b. (Middle): MAY
c. (Last): TRIMBLE

4. DATE OF DEATH (Month) (Day) (Year): 7 - 13 - 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 5-4-1872
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: John Nelson
13b. MOTHER'S MAIDEN NAME: Julia Bowman
14. NAME OF HUSBAND OR WIFE:
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: Julia Montgomery ADDRESS: Buffalo Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Hemorhage — 18 mo

DUE TO (c) Hypertension & arteriosclerosis — 8-10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331 X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 13 July 1954, *to* _____, 19____, *that I last saw the deceased alive on* 13 July 1954, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: O A Griffin (Degree or title) M.D.
23b. ADDRESS: Buffalo Mo
23c. DATE SIGNED: 7-15-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-16-1954
24c. NAME OF CEMETERY OR CREMATORY: New Hope
24d. LOCATION (City, town, or county) (State): Dallas Co Mo

DATE REC'D BY LOCAL REG.: 7/19/54
REGISTRAR'S SIGNATURE: Mrs Grace Patterson
25. FUNERAL DIRECTOR'S SIGNATURE: B Jones ADDRESS: Buffalo Mo

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 432

P. O. Address Buffalo N

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