

FILED FEB 8 1956

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2409

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Moberly</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>714 W. Rollins</b>		STREET ADDRESS (If rural, give location) <b>714 W. Rollins</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Audrey</b> b. (Middle) <b>Edna</b> c. (Last) <b>Trumbo</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 23 - 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Aug 30 - 1884</b>
9. AGE (to years last birthday) <b>71</b> Months <b>4</b> Days <b>23</b> Hours <b></b> Min. <b></b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Rtd Clerk</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Ladies Wear</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <b>Demsey Simmons</b>	13b. MOTHER'S MAIDEN NAME <b>Jennie Metcalfe</b>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>7955</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Geo Godin, E. St Louis Ill</b>	
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) <b>Natural but undetermined</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  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	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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>11:57 a. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Dr. J. J. Galloway, M.D., Coroner</b>		23b. ADDRESS <b>Moberly Mo</b>	23c. DATE SIGNED <b>1-25-56</b>
24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>1-26-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakland</b>	24d. LOCATION (City, town, or county) (State) <b>Moberly, Mo</b>
DATE REC'D BY LOCAL REG. <b>1-26-56</b>	REGISTRAR'S SIGNATURE <b>Leadwell Louie</b> 269	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mahaw and Son, Moberly, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 28 1957

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..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Frank D. Witt*

Licensed Embalmer No. *302*

P. O. Address *Moberly*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.