

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017253  
STATE FILE NUMBER

FILED JUN 4 1958 Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 77

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Monett</b>		c. CITY OR TOWN <b>Monett</b> 0051	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>400 Frisco</b>		d. STREET ADDRESS (If outside, give location) <b>400 Frisco</b>	
3. NAME OF DECEASED (Type or print) First <b>Albert</b> Middle <b>Marion</b> Last <b>Trimble</b>		4. DATE OF DEATH Month <b>May</b> Day <b>26</b> Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2-11-1873</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Frisco Cashier</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railway</b>	11. BIRTHPLACE (City and state or country) <b>Pierce City, Mo.</b>
13a. FATHER'S NAME <b>Andrew J. Trimble</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Jane Greer</b>	14. NAME OF HUSBAND OR WIFE <b>Stella Trimble</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>702-03-9823</b>	17. INFORMANT Address <b>Mrs. Stella Trimble Monett, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Strangulation by hanging</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>974X</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>3 wks. Post-Op. Prostatic resection</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>May 4, 1958</b> to <b>May 26, 1958</b> and last saw <sup>him</sup> alive on <b>May 19, 1958</b> Death occurred at <b>11:28</b> P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Robert R. Rodley M.D.</b> (Degree or title)		22b. ADDRESS <b>Monett, Mo.</b>	22c. DATE SIGNED <b>5-24-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-29-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pierce City Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Pierce City, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Mercer Funeral Home Monett, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-29-58</b>	26. REGISTRAR'S SIGNATURE <b>Mrs P.N. Cook</b>

Doctor, coroner, etc. Must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

5130

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 658-122

DATE REC. 6-2-58

8961 0 T NNR  
JUN 10 1958

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 Roy W Mercer

Licensed Embalmer No. 4432.....

P. O. Address Monett, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.