FILED DEC 1 1970

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH

(PHYSICIAN OR CORONER)

CERTIFICATE OF DEATH

124

STATE FILE NUMBER '70 0046776

DO NOT WRITE ON THIS STUB

VS 300 Rev. 1/70

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 563

9.	1
10a.	66
10b.	
11.	0
12.	2
13.	4109
14.	
15.	4
16.	
17.	
18.	2
19. CREDITS	
20.	1-0

4 0945

5. 90

6 0945

DECEASED

1. DECEASED—NAME (FIRST, MIDDLE, LAST): Carrie Mae Trimble
2. SEX: Female
3. DATE OF DEATH (MONTH, DAY, YEAR): Nov. 20, 1970
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) (SPECIFY): white
5a. AGE—LAST BIRTHDAY (YEARS): 66
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): June 5, 1904
7a. COUNTY OF DEATH: St. Francois
7b. CITY, TOWN, OR LOCATION OF DEATH: Farmington
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): home (610 No. Washington St.)
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Missouri
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): widowed
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): —
12. SOCIAL SECURITY NUMBER: 492-22-5102
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Meat Trimmer
13b. KIND OF BUSINESS OR INDUSTRY: Krey Packing Co.

USUAL RESIDENCE (WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.)

14a. RESIDENCE—STATE: Mo.
14b. COUNTY: St. Francois
14c. CITY, TOWN, OR LOCATION: Farmington
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
14e. STREET AND NUMBER: 610 No. Washington

PARENTS

15. FATHER—NAME (FIRST, MIDDLE, LAST): Edward Martin
16. MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): Stella Jarvis

17a. INFORMANT—NAME: Mrs. A. J. Aschoff
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 1206 E. Clarendon St., Arlington Heights, Ill. 60004

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a)	Cardiac arrest	immediate
DUE TO, OR AS A CONSEQUENCE OF: (b)	Myocardial infarction	2 hours
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (c)	Arteriosclerotic heart disease	several yrs.

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

Paraplegia & generalized hypertrophic osteoarthritis

19a. AUTOPSY (YES OR NO): no
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
20b. DATE OF INJURY (MONTH, DAY, YEAR):
20c. HOUR:
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18.)
20e. INJURY AT WORK (SPECIFY YES OR NO):
20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):
20h. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS: ☐ YES ☐ NO ☐ UNK.

CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR): 11-2-70 TO 21b. 11-20-70
21c. AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): 11-20-70
21d. I DID/DID NOT VIEW THE BODY AFTER DEATH: did
21e. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. (HOUR): 7:30 A.M.

22a. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH: 7:30 A.M.
22b. THE DECEDENT WAS PRONOUNCED DEAD: MONTH: Nov. DAY: 20 YEAR: 1970 HOUR: 8:00 a.m.

23a. CERTIFIER—NAME (TYPE OR PRINT): T. J. Bentley, D.O.
23b. SIGNATURE: T. J. Bentley
DEGREE OR TITLE: M.D.
23c. DATE SIGNED (MONTH, DAY, YEAR): 12-22-70
23d. MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 4 E. Harrison St. Farmington, Mo. 63640

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY—NAME: Leadwood
24c. LOCATION (CITY OR TOWN, STATE): Leadwood, Mo.
24d. DATE (MONTH, DAY, YEAR): Nov. 22, 1970
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Bert Boyer Funeral Home, 501 Bank, Leadwood, Mo 63653
25b. FUNERAL DIRECTOR—SIGNATURE: Bert R Boyer
26a. REGISTRAR—SIGNATURE: Esther Matthews
26b. DATE RECEIVED BY LOCAL REGISTRAR: Nov 23, 1970

Type or print in PERMANENT BLACK INK. See handbook for instructions.

DEC 9 - 1970

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 Bert R Boyer

Licensed Embalmer No. 5538

P. O. Address Leadwood 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.