S. No. 300
v. 10-48

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

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7932

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 3009 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson Mo
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 309 E. 1st North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson Mo. R 1 6 1
d. STREET ADDRESS (If rural, give location): 309 E. 1st North 0

3. NAME OF DECEASED (Type or Print): a. (First) Amos b. (Middle) Theodore c. (Last) Trickey

4. DATE OF DEATH: (Month) April (Day) 4 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 26 1872

9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 11 Days 8 — IF UNDER 1 DAY: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Franklin Trickey

13b. MOTHER'S MAIDEN NAME: Eliza J Gladfelter

14. NAME OF HUSBAND OR WIFE: Alpha Trickey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Elmer Winters Jackson 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) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Many yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Uremia Dropping
DUE TO (c)

II. OTHER SIsignificant CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. arter-sclerosis — 4221

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
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* Feb 27 1950 *to* April 4 1950, *that I last saw the deceased alive on* April 3 1950, *and that death occurred at* 5 2/0 m., *from the causes and on the date stated above.*

23a. SIGNATURE: D. G. Sisler (Degree or title) M D
23b. ADDRESS: Jackson Mo
23c. DATE SIGNED: Apr 5-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/6/50
24c. NAME OF CEMETERY OR CREMATORY: Apple Creek
24d. LOCATION (City, town, or county) (State): Pocahontas Mo

DATE REC'D BY LOCAL REG.: 4-6-50
REGISTRAR'S SIGNATURE: D. G. Sisler 43 0
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Seabaugh-Laird Jackson Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

APR 19 1950

DISTRICT HEALTH OFFICE No. 4

File No. 456-523

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.

Signed R. O. Laird

Signed.....
Student Embalmer

Licensed Embalmer No. 4538

P. O. Address Jackson, 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 this body is not embalmed, fact should be so stated above.