

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

79332

BIRTH NO.		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. 3009		Registrar's No. 32	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission)			
a. COUNTY Cape Girardeau				a. STATE Missouri COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jackson Mo				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jackson Mo 6161			
d. FULL NAME OF HOSPITAL OR INSTITUTION 309 E. 1st North				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) Trickley	
4. DATE OF DEATH		(Month) (Day) (Year)		April 4 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		10. MONTHS 11		11. DAYS 8		12. IF UNDER 1 YEAR 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 Trickley				13b. MOTHER'S MAIDEN NAME Eliza J. Cladette			
14. NAME OF HUSBAND OR WIFE Alpha Trickley							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME Elmer Hinters				ADDRESS Jackson Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis				INTERVAL BETWEEN ONSET AND DEATH 4221			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid 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. arteriosclerosis							
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) m.		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 Feb 27, 1950, to April 4, 1950, that I last saw the deceased alive on April 3, 1950, and that death occurred at 5:20 a.m., from the causes and on the date stated above.							
23a. SIGNATURE D. G. Suter (Degree or title) M.D.				23b. ADDRESS Jackson Mo		23c. DATE SIGNED Apr 5 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/6/50		24c. NAME OF CEMETERY OR CREMATORY Cripple Creek		24d. LOCATION (City, town, or county) (State) Doxahontas Mo	
DATE REC'D BY LOCAL REG. D. G. Suter		REGISTRAR'S SIGNATURE D. G. Suter 43		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Seabough-Raird Jackson Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

0161

RECEIVED

APR 19 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-523

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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.