

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 7932
0161

REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 3009 Register's No. 32

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO.	PRIMARY REG. DIST. NO.	
1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (In this place)
Cape Girardeau Jackson Mo.				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		309 E. 1st North		
3. NAME OF DECEASED (Type or Print)		a. (First) Ames	b. (Middle) Theodore	c. (Last) Trickey
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH April 26 1872
13a. FATHER'S NAME John Franklin Trickey		13b. MOTHER'S MAIDEN NAME Eliza J. Cladeltner		14. NAME OF HUSBAND OR WIFE Cladeltner Alpha Trickey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Elmer Linters Jackson
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 ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) Myocarditis Hypertension		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 arrest - adhesions		
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED m. 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. Sibley		(Degree or title) M.A.		23b. ADDRESS Jackson Mo.
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/6/50		24c. NAME OF CEMETERY OR CREMATORIAL Cippola Creek
DATE REC'D. BY LOCAL REG. (e.g., D. G. Sibley)		REGISTRAR'S SIGNATURE D. G. Sibley		24d. LOCATION (City, town, or county) Decatur Mo.
		43		25. FUNERAL DIRECTOR'S SIGNATURE Seabrough-Haird Jackson Mo.

RECEIVED

APR 19 1950

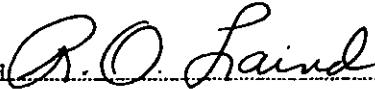
DISTRICT HEALTH OFFICE No. 4

File No. Y.S.6-523

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.

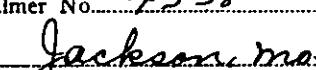
Signed



Signed
Student Embalmer

Licensed Embalmer No. 4538

P. O. Address



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.