MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-031157 STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 383

DO NOT WRITE ON THIS STUB — AMENDED

FILED SEP 7 1965

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT
1	0168			
2	0161			
3		2		
4		1		
5		2		
6				
7		0		
8		0		
9	4500			
10				
11				
12		3-0		
13		1-0		

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
   a. COUNTY: Cape Girardeau
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Length of stay in 1b: 2 days
   c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Southeast Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
   a. STATE: Mo — b. COUNTY: Cape
   c. CITY OR TOWN: Jackson — Inside Limits: Yes [X] No [ ]
   d. STREET ADDRESS (If outside, give location): 914 Cape Road — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Emma — Middle: L. — Last: Trickey

4. DATE OF DEATH: Month: Aug — Day: 23 — Year: 1965

5. SEX: Female

6. COLOR OR RACE: White

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH: 12-29-1871

9. AGE (last birthday): 93 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Home Keeping

11. BIRTHPLACE (City and state or country): Leamon Community

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

13a. FATHER'S NAME: William F. Sides

13b. MOTHER'S MAIDEN NAME: Catherine Hughes

14. NAME OF HUSBAND OR WIFE: Charles Trickey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service): No — None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Gilbert Trickey — Address: Pocahontas, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
   PART I. DEATH WAS CAUSED BY:
   IMMEDIATE CAUSE (a): Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs
   Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
   DUE TO (b): Generalized Arteriosclerosis — 5 yrs
   DUE TO (c):

   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):

   PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 Aug. 1963, to 8-23-65 and last saw her/him alive on 8-23-65
   Death occurred at 11:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E.F. McDonald MD

22b. ADDRESS: Jackson, Mo.

22c. DATE SIGNED: 8-28-65

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Aug 25, 1965

23c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery

23d. LOCATION (City, town, or county): Near Leamon — (State): Mo

24. FUNERAL DIRECTOR: McCombs — ADDRESS: Jackson, Mo

25. DATE RECD. BY LOCAL REG.: 9-4-1965

26. REGISTRAR'S SIGNATURE: Irma Karsten

(Licensed Embalmer's Statement on Reverse Side)

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 J. C. Bond Jr.

Licensed Embalmer No. 5241

P. O. Address Cape Girardeau, 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.