

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

20939

State File No. _____

LED JUL 14 1953

BIRTH NO. _____		REG. DIST. NO. <u>52</u>		PRIMARY REG. DIST. NO. <u>3009</u>		Registrar's No. <u>28</u>		
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>				
b. CITY OR TOWN <u>Jackson mo</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Rural-Applecreek</u>		d. STREET ADDRESS (If rural, give location) <u>10 Mi N. Jackson</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>309 E Washington</u>				d. STREET ADDRESS (If rural, give location) <u>10 Mi N. Jackson</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alpha</u> b. (Middle) <u>Jane</u> c. (Last) <u>Trickey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 4 1953</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>March 18-1872</u>		9. AGE (In years last birthday) <u>81</u> # months <u>3</u> # days <u>16</u> # OUNCE IN WT. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>Phillip Clodfelter</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Yoder</u>		14. NAME OF HUSBAND OR WIFE <u>Amos T. Trickey Dec</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Elmer Dintz</u> ADDRESS <u>Jackson mo</u>				
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, aneurism, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>				DUE TO (b) <u>Don't know</u>		INTERVAL BETWEEN ONSET AND DEATH <u>June 11-53</u> <u>25 days</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Don't know</u>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Corchaer asthma</u>						INTERVAL BETWEEN ONSET AND DEATH <u>21 days</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		490X		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 <u>June 12, 1953</u> to <u>July 4, 1953</u> , that I last saw the deceased alive on <u>July 4, 1953</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W. H. DeHaven</u>				23b. ADDRESS <u>Jackson mo</u>		23c. DATE SIGNED <u>7-6-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/6/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Apple Creek</u>		24d. LOCATION (City, town, or county) (State) <u>1 Mi E. Dechloritas mo</u>			
DATE REC'D BY LOCAL REG <u>July 7-53</u>		REGISTRAR'S SIGNATURE <u>W. H. DeHaven</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Denette Laird</u>		ADDRESS <u>Jackson mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed Richard C. Laird

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.