

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9573

FILED MAR 23 1954  
BIRTH NO. REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5915 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Perry</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>Perryville Mo</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Cape Girardeau Mo</u>		01/6/4							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Park View Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>932 Good Hope 1</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u>			b. (Middle) <u>Jane</u>		c. (Last) <u>Trickey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 12 1954</u>						
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>June 10 1869</u>		9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>2</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
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>Sedgewickville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>George M Jacobs</u>				13b. MOTHER'S MAIDEN NAME <u>Margaret Boring</u>				14. NAME OF HUSBAND OR WIFE <u>John W Trickey</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ellis Trickey Cape Gir Mo 932 Good</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infermitas 7 aet</u>  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.								INTERVAL BETWEEN ONSET AND DEATH	
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) <u>794 X</u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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>July 1953</u> , to <u>Mar 12, 1954</u> , that I last saw the deceased alive on <u>Mar 12, 1954</u> , and that death occurred at <u>10:30 A.M.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>Wm Wiedeman</u>				23b. ADDRESS <u>502 Perryville Mo</u>				23c. DATE SIGNED <u>3/13/54</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 14 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sedgewickville</u>		24d. LOCATION (City, town, or county) (State) <u>Sedgewickville Mo</u>							
DATE REC'D BY LOCAL REC. <u>3-13-54</u>		REGISTRAR'S SIGNATURE <u>Joe J Zellner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McCombs &amp; Co</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 \_\_\_\_\_

*B A Meyer*

Licensed Embalmer No. *305-1*

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.