

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32850

State File No. ....

REV. 10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5185 Registrar's No. 344

0160  
3

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

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cape Girardeau</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Cape Girardeau</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> <u>0164</u>                                     |  |
| c. LENGTH OF STAY (in this place) <u>1 hour</u>  |  | d. STREET ADDRESS (If rural, give location) <u>1007 No. Boulevard</u> <u>1</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. # 2</u>  |  |  |  |

|   |                               |   |  |  |  |
|---|-------------------------------|---|--|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>W.</u> c. (Last) <u>Trickey</u>   |                               |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 12, 1951</u>   |  |  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Feb. 10, 1880</u>                        |  | 9. AGE (In years last birthday) <u>71</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY                                     | 11. BIRTHPLACE (State or foreign country) <u>Oriole, Mo.</u> |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME <u>Monroe Trickey</u> | 13b. MOTHER'S MAIDEN NAME <u>Matilda Knight</u> | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Verba Trickey</u> |
|--|---|---|

|   |   |  |         |
|---|---|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>490-10-8049</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Verba Trickey-Cape Girardeau, Mo</u> | ADDRESS |
|---|---|--|---------|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>5 minutes</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> |  |  |
|   | ANTECEDENT CAUSES<br>DUE TO (b) <u>arterio sclerosis generalis</u><br>DUE TO (c)  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 July 1, 1947, to Oct 12, 1951, that I last saw the deceased alive on Oct 12, 1951, and that death occurred at 4:30P m., from the causes and on the date stated above.

|  |  |                                      |
|--|--|--------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Edward D Campbell M.D.</u> | 23b. ADDRESS <u>Cape Girardeau, Mo</u> | 23c. DATE SIGNED <u>Oct 16, 1951</u> |
|--|--|--------------------------------------|

|   |                                |   |   |
|---|--------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Oct. 14, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Tona Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Near Cape Girardeau, Mo.</u> |
|---|--------------------------------|---|---|

|  |  |  |                              |
|--|--|--|------------------------------|
| DATE REC'D BY LOCAL REG. <u>10-16-51</u> | REGISTRAR'S SIGNATURE <u>C. C. Summers</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard L. Harrison</u> | ADDRESS <u>Cape Gir. Mo.</u> |
|--|--|--|------------------------------|

RECEIVED

OCT 22 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

OCT 26 1951

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..... *Howard S. Damon* .....

Licensed Embalmer No. *4123* .....

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 this body is not embalmed, fact should be so stated above.