No. 300
10-48

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4605

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 7

402

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

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trenton
c. LENGTH OF STAY (in this place): 70
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 112 West 12th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Grundy
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trenton 6402
d. STREET ADDRESS (If rural, give location): 112 West 12th St

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): L.
c. (Last): TRACY

4. DATE OF DEATH (Month) (Day) (Year): January 9, 1950

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug 10, 1877
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 5, Days —; IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ERS & P Shops
10b. KIND OF BUSINESS OR INDUSTRY: Mechanical
11. BIRTHPLACE (State or foreign country): Ladeda, Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Frank Tracy
13b. MOTHER'S MAIDEN NAME: Mary Allen Gillespie
14. NAME OF HUSBAND OR WIFE: Leona Tracy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs Ray Van Valkenburg

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): MyoCARDITIS — INTERVAL BETWEEN ONSET AND DEATH: —

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.: Arteriosclerosis — 4221

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* as coroner, 19__, *to* _____, 19__, *that I last saw the deceased alive on* 1-9-, 1950, *and that death occurred at* 9 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm A Fuson MD
23b. ADDRESS: 905½ Main Trenton Mo
23c. DATE SIGNED: 1-11-50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Jan 11, 1950
24c. NAME OF CEMETERY OR CREMATORY: Maxie grove
24d. LOCATION (City, town, or county) (State): Trenton Mo

DATE REC'D BY LOCAL REG.: Jan 11-50
REGISTRAR'S SIGNATURE: Irene Fair 115
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Raymond A. Dawson Trenton Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
FEB 8 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 ..... Myself ..... Student Embalmer No. .....
working under my personal supervision.

Student .....
Student Embalmer

Signed Rayne A. Damm

Licensed Embalmer No. 3424

P. O. Address Trenton 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.