

No. 300
10-48
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FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26095

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4536 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mineral Point</u>		c. LENGTH OF STAY (in this place) <u>15 M.O.</u>	c. CITY OR TOWN <u>Mineral Point</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>1100</u>	

3. NAME OF DECEASED (Type or Print)		a. (First) <u>Zedore</u>	b. (Middle)	c. (Last) <u>Trokey</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 8 1954</u>	
5. SEX <u>male</u>	6. COLOR OF RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>April 19 1886</u>	9. AGE (in years last birthday)	10. IF UNDER 1 YEAR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Old Miner Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Zedore T. Trokey</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no.</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Raymond Bone Ladit Mo.</u>	ADDRESS
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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, asthma, 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>Cerebral Anemia</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Acute febrile infection 3 days</u> DUE TO (c) <u>Cornay thrombosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Hypostatic Pneumonia</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>4201</u>
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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?
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22. I hereby certify that I attended the deceased from July 30, 1954, to Aug 8, 1954, that I last saw the deceased alive on Aug 7, 1954, and that death occurred at 4:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Doris M. Davis D.D. 2</u>	(Degree or title)	23b. ADDRESS <u>Box 697 Potosi, Mo.</u>	23c. DATE SIGNED <u>8/9/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-10-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Michaels Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8/9/54</u>	REGISTRAR'S SIGNATURE <u>Herbert Swadlow</u>	403	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Spahr Potosi Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

#561 7-4 3021

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 *Murphy Sparks*

Licensed Embalmer No. *423*

P. O. Address *Madison St*

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.