

FILED FEB 11 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **549**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **4072** Registrar's No. **125**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pocahontas mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pocahontas mo</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>Pocahontas mo 0160</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pocahontas mo</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ida</b> b. (Middle) <b>Hedwig</b> c. (Last) <b>Trickey</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 31 1957</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Feb 17 1891</b>	9. AGE (In years, months, days) <b>65</b>	10. UNDER 1 YEAR (Months) <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			11. BIRTHPLACE (State or foreign country) <b>Pocahontas mo</b>		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY <b>USA</b>		

13a. FATHER'S NAME <b>Frank Leiner</b>	13b. MOTHER'S MAIDEN NAME <b>Paulene Stoholtz</b>	14. NAME OF HUSBAND OR WIFE <b>Ida Leiner</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>unk</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Gilbert Trickey</b> ADDRESS <b>Pocahontas mo</b>
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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, asphyxia, 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) <b>Respiratory failure</b>		<b>10 min</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Medullary Cord Failure</b> DUE TO (c) <b>Massive Cerebral Hemorrhage</b>		<b>10-12 min</b> <b>10-15 min</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Essential Hypertension</b>		<b>12 years</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>331X</b> 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)
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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?
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22. I hereby certify that I attended the deceased from **1-29 1956**, to **1-25**, 19**57**, that I last saw the deceased alive on **1-25**, 19**57**, and that death occurred at **10:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <b>Walter H. Dutton D.O.</b>	23b. ADDRESS <b>104 E. Washington Jackson mo</b>	23c. DATE SIGNED <b>2-2-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Feb 3 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Johns Lutheran</b>	24d. LOCATION (City, town, or county) (State) <b>Pocahontas mo</b>
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DATE REC'D BY LOCAL REG. <b>2-4-57</b>	REGISTRAR'S SIGNATURE <b>W.C. Summers</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>McCombs &amp; Co</b> ADDRESS <b>Jackson mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

44-0

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**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 \_\_\_\_\_

*BA Meyer*

Licensed Embalmer No. *3051*

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.