

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 15 1951

BIRTH NO. 6076-51 REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6241 Registrar's No. 1121

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) <u>Beelen</u> OR TOWN <u>Mineral Point Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>1106</u> OR TOWN <u>Mineral Point Rural - Barton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. L. Mineral Point</u>		d. STREET ADDRESS (If rural, give location) <u>St. L. Mineral Point</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>Agnes</u> c. (Last) <u>Trokey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 4 - 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	
8. DATE OF BIRTH <u>1-4-1951</u>		9. AGE (In years last birthday) <u>45</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
11. BIRTHPLACE (State or foreign country) <u>Washington County, Mo</u>		12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME <u>Perry D. Trokey</u>		13b. MOTHER'S MAIDEN NAME <u>Cecilia Trokey</u>		14. NAME OF HUSBAND OR WIFE	
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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 <u>Perry D. Trokey</u> ADDRESS <u>Mineral Point, Mo</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature 6 1/2 mo -</u>			INTERVAL BETWEEN ONSET AND DEATH <u>45 min -</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>wt. about 2# - hardly</u>			
		DUE TO (c) <u>cleft palate (potato)</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Spinal bifida</u>			<u>751x</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 1-4, 1951, to 1-4, 1951, that I last saw the deceased alive on 1-4, 1951, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph L. Florman</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Potosi, Mo.</u>		23c. DATE SIGNED <u>1-5-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-5-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. James Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Potosi, Mo</u>	
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DATE RECD BY LOCAL REG. <u>1-6-51</u>		REGISTRAR'S SIGNATURE <u>Harold K. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyer Funeral Home Potosi</u> ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JAN 10 1951

WASH. COUNTY HEALTH DEPT.

File No. 15-554

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed.....

Licensed Embalmer No. Not Embalmed

P. O. Address.....

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.