

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1875

State File No. 32427

FILED JAN 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200 Registrar's No. 4000

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY OR TOWN <u>JOPLIN</u>		c. CITY OR TOWN <u>JOPLIN</u>	
c. LENGTH OF STAY (in this place) <u>4 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>132 E 33rd St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>132 E 33rd St.</u>		e. STREET ADDRESS (If rural, give location) <u>132 E 33rd St.</u>	
3. NAME OF DECEASED a. (First) <u>OSCAR</u> b. (Middle) <u>LEE</u> c. (Last) <u>TRICKETT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 4 1953</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>JUL 13, 1877</u>
9. AGE (In years last birthday) <u>75</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AUDITOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LOUISBURG, KAN.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>MARSHALL TRICKETT</u>	
13b. MOTHER'S MAIDEN NAME <u>MARTHA</u>		14. NAME OF HUSBAND OR WIFE <u>EMMA TRICKETT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	

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>Hypostatic pneumonia</u>		<u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Encephalomalacia</u>		<u>unknown</u>
DUE TO (c) <u>generalized arteriosclerosis</u>		<u>unknown</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatic hypertrophy</u>		<u>unknown</u>	

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)	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 1952, to Jan 3, 1953, that I last saw the deceased alive on Dec 18, 1952, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Edw. J. Smith, M.D.</u> (Degree or title)	23b. ADDRESS <u>First Building, Joplin, Missouri</u>	23c. DATE SIGNED <u>1-3-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>JAN 5, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>-</u>
24d. LOCATION (City, town, or county) (State) <u>LITTLE ROCK ARK</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harriet M. Mow</u> ADDRESS <u>Joplin Mo</u>	

DATE REC'D BY LOCAL REG. 1-6-53 REGISTRAR'S SIGNATURE E. J. Smith

(Licensed Embalmer's Signature on Reverse Side)

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

495

RECEIVED 1-12-53  
Jasper County Health Office

County File Number 53/1/40  
Date Filed 1-12-53

NOV 19 1953

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 \_\_\_\_\_

Licensed Embalmer No. 4583

P. O. Address Jasper, 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.