

FILED DEC 21 1952

STANDARD CERTIFICATE OF DEATH

State File No. 43468

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 5600 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) Rural: Simpson		c. CITY (If outside corporate limits, write RURAL and give township) Rural: Simpson	
c. LENGTH OF STAY (In this place) 15 Yrs.		d. STREET ADDRESS (If rural, give location) RFD 2 Warrensburg	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD 2 Warrensburg			
3. NAME OF DECEASED (Type or Print) Charles Linn Tracy		4. DATE OF DEATH Dec. 9, 1953	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 17, 1885	
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	
11. BIRTHPLACE (City and State or Foreign Country) Rushville, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles W. Tracy		13b. MOTHER'S MAIDEN NAME Margrette Underhill	
13c. NAME OF HUSBAND OR WIFE Ethel Tracy			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. C. L. Tracy		ADDRESS RFD 2 Warrensburg	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 24 hr. 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. P. O. Ventral Hernia	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION 7201	
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) (Min.)		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 Dec. 7, 1952, to Dec. 9, 1952, that I last saw the deceased alive on Dec. 9, 1952, and that death occurred at 2:00 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) C. L. Tracy M.D.		23b. ADDRESS Warrensburg Mo.	
23c. DATE SIGNED 12-10-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 13, 1953	
24c. NAME OF CEMETERY OR CREMATORY Liberty		24d. LOCATION (City, town, or county) (State) Johnson County, Mo.	
DATE REC'D BY LOCAL REG. Dec. 12, 1952		REGISTRAR'S SIGNATURE Savannah Underhills	
25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips		ADDRESS Warrensburg, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEC 15 1953
JOHNSON COUNTY HEALTH DEPT.

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 _____

John P. Rodgers

Student Embalmer No. 490

working under my personal supervision.

Student John P. Rodgers

Student Embalmer

Signed R. Q. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg, Missouri

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.