

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4090

FILED MAR 14 1957

STATE FILE NUMBER

Registration District No. 74 Primary Registration District No. 4136 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Clinton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clinton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Plattsburg			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Concord Twp Plattsburg 025		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Quinn Rest Home			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Quinn Rest Home		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Emma Grace Trice <i>First Middle Last</i>				4. DATE OF DEATH March 2 1957 <i>Month Day Year</i>			
5. SEX female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH August 7 1871	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home keeper			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Platte County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William H. Shikles				14. MOTHER'S MAIDEN NAME Catherine Rapp			
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 Mrs. Nela Jones Plattsburg Mo. <i>Address</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis						INTERVAL BETWEEN ONSET AND DEATH 30 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b)	
						DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Fracture femur Feb 2-57						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell in room						
20c. TIME OF INJURY 8 a.m. Feb 2 1957	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home			20e. CITY, TOWN, OR LOCATION Plattsburg Clinton Mo <i>COUNTY 025 STATE</i>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21. I attended the deceased from Feb 2-57 to Mar 2-57 and last saw her alive on Mar 2-57 Death occurred at 11:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Sign or type) W. Spalding			22b. ADDRESS Plattsburg Mo		22c. DATE SIGNED Mar 2 57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/4/1957	23c. NAME OF CEMETERY OR CREMATORY Greenlawn		23d. LOCATION (City, town, or county) (State) Plattsburg MO			
24. FUNERAL DIRECTOR R.D. Lyon <i>ADDRESS</i>			25. DATE RECD. BY LOCAL REG. Mar 4, 1957	26. REGISTRAR'S SIGNATURE Elizabeth Seaver			

(Licensed Embalmer's Statement on Reverse Side)

00-56
 Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms or diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

4410

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.....
Licensed Embalmer No. 49

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.