

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020722
STATE FILE NUMBER

Registration District No. 366 Primary Registration District No. 6241 Registrar's No. 46

FILED JUNE 5 1958

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 OR TOWN <u>BRETTON TOWNSHIP</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>MINERAL POINT, RT.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 1/2 mi. E. Potato</u>		d. STREET ADDRESS <u>2 1/2 MILES EAST OF POTATO</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM GEORGE TROKEY</u>		4. DATE OF DEATH Month Day Year <u>JUNE 1 1958</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 30 1927</u>
9. AGE (In years last birthday) <u>31</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHOE WORKER</u>	11. BIRTHPLACE (City and state or country) <u>WASHINGTON CO. MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>THEODORE TROKEY</u>	
13b. MOTHER'S MAIDEN NAME <u>MARY VALLEY</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>MARY TROKEY</u>		Address <u>MINERAL POINT, MO RT</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>Increased Arteriosclerotic Pressure</u> DUE TO (c) <u>Coronary Artery Sclerosis 1930</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a)) <u>Long Standing Hypertension</u>			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input 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.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>6/2/58</u> to <u>6/1/58</u> and last saw <u>him</u> alive on <u>5/30/58</u> Death occurred at <u>home</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Samuel M. Sasser, D.D.</u>		22b. ADDRESS <u>211 E High Street</u>	
22c. DATE SIGNED <u>6/3/58</u>		22d. ADDRESS (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>6-4-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>ST JOACHIMS</u>		23d. LOCATION (City, town, or country) (State) <u>OLD MINES, WASH, MO.</u>	
24. FUNERAL DIRECTOR <u>Arthur Smith Powers</u>		25. DATE RECEIVED BY LOCAL REG. <u>6/3/58</u>	
26. REGISTRAR'S SIGNATURE <u>Herbert Rudolph</u>		(Licensed Embalmer's Statement on Reverse Side)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *D. B. Dietrich*

Licensed Embalmer No. *4104*
P. O. Address *Dekota 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.