No. 300
10.48
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FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15547

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 6101 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: Scotland Co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Harrison
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Scotland
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Harrison 0990
d. STREET ADDRESS (If rural, give location): Near Gorin Mo

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah F
b. (Middle): Triplett
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Mar 26 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: Sept 16 1863
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 6, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Scotland Co Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John Sutter
13b. MOTHER'S MAIDEN NAME: Frances Force
14. NAME OF HUSBAND OR WIFE: Clifford Triplett

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: Ralph Shacklett
ADDRESS: Gorin Mo

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, asthenia, 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)	Myocarditis	1 week
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Mitral Regurgitation	2 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		4214

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1, 1949, *to* Mar 26, 1950, *that I last saw the deceased alive on* Mar 25, 1950, *and that death occurred at* 6 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F M Johnson M W C
23b. ADDRESS: Gorin Mo
23c. DATE SIGNED: 3-30-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 28 1950
24c. NAME OF CEMETERY OR CREMATORY: Gorin Cemetery
24d. LOCATION (City, town, or county) (State): Gorin Mo

DATE REC'D BY LOCAL REG.: 4/5/50
REGISTRAR'S SIGNATURE: P M Baker 407
25. FUNERAL DIRECTOR'S SIGNATURE: Gertho Baskett
ADDRESS: Memphis Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 1 4 1950
District Health Officer No. 1
District File Number 4-30-6
Date Filed APR 1 4 1950

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 Albert C. Gerth

Licensed Embalmer No. 4257

P. O. Address Memphis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.