No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7034

FILED MAR 3 1952

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 6177 Registrar's No. 6

050 1

1. PLACE OF DEATH
a. COUNTY Sullivan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural--Buchanan Twp.
c. LENGTH OF STAY (in this place) 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home 7 mi. NW Green City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural--Buchanan Twp. 1050
d. STREET ADDRESS (If rural, give location) 7 mi. NW Green City 0

3. NAME OF DECEASED (Type or Print)
a. (First) Arminta
b. (Middle) ------
c. (Last) Triplett

4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH ~~Dec.~~ 25, 1870
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR: Months ___ Days ___ — 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 Farm home
11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Perry Judd
13b. MOTHER'S MAIDEN NAME Elinor Myers
14. NAME OF HUSBAND OR WIFE David Triplett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Harvey Triplett, Green City, Mo. **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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY Tuberculosis CHRONIC

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 002X
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* Dec 19, 1951, *to* Death, *19*____, *that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* 6:05 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE W Herrington (Degree or title) MD
23b. ADDRESS Green City, Mo
23c. DATE SIGNED Feb 26-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 26, 1952
24c. NAME OF CEMETERY OR CREMATORY Pennville Cemetery
24d. LOCATION (City, town, or county) Sullivan Co., Mo. (State)

DATE REC'D BY LOCAL REG. February 29-52
REGISTRAR'S SIGNATURE Laura M. Catlett 415 A
25. FUNERAL DIRECTOR'S SIGNATURE Glenn E. Kent & Son, Green City, Mo. **ADDRESS**

(Licensed Embalmer's Statement on Reverse Side)

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.