

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **18632**
 Registrar's No. **4598**

FILED JUN 6 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Beardstown	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 112 Washington	
3. NAME OF DECEASED (Type or Print) a. (First) URA b. (Middle) JOSEPH c. (Last) TRIBBEY			4. DATE OF DEATH MAY 16 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 26 1895
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dealer	11. BIRTHPLACE (City and State or Foreign Country) Frederick, Illinois
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Automobiles	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Tribbey		13b. MOTHER'S MAIDEN NAME Ellen Gragg	14. NAME OF HUSBAND OR WIFE Alice Tribbey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Alice Tribbey, Beardstown, Illinois
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 12-24 HRS.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE MYOCARDIAL INFARCTION		DUE TO (b) PREVIOUS MYOCARDIAL INFARCTION 2 WEEKS	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE 5-10 YEARS			
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4200			
22. I hereby certify that I attended the deceased from MAY 4 , 19 52 , to MAY 16 , 19 52 , that I last saw the deceased alive on MAY 16 , 19 52 , and that death occurred at 6:55 pm., from the causes and on the date stated above.			
23a. SIGNATURE Marvin E. Leven, M.D.		23b. ADDRESS 600 S. KINGSTONWAY	
23c. DATE SIGNED MAY 16 1952			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-17-52	
24c. NAME OF CEMETERY OR CREMATORY Beardstown, Illinois		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. MAY 17 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington	

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

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 *John J. Harris*

Licensed Embalmer No. *4108*

P. O. Address *St. Louis 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.