S. No. 300
v. 10-48

FILED JUL 14 1952

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

19965

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4165 Registrar's No. 50

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Daviess | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Daviess 0310 |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gallatin<br>c. LENGTH OF STAY (in this place) YRS | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gallatin 0 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) --- | d. STREET ADDRESS (If rural, give location) --- |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Merwin | b. (Middle) Ross | c. (Last) Tribbey | 4. DATE OF DEATH (Month) (Day) (Year) July 6 1952 |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1 | 8. DATE OF BIRTH Jan. 28 1909 | 9. AGE (In years last birthday) 43 — 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) Contractor | 10b. KIND OF BUSINESS OR INDUSTRY Earth Moving | 11. BIRTHPLACE (State or foreign country) Daviess County, Mo. 0 | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Truman Tribbey | 13b. MOTHER'S MAIDEN NAME Malissa Critten | 14. NAME OF HUSBAND OR WIFE Nellie Tribbey | | |
| 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. 489-36-0706 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Nellie Tribbey, Gallatin, 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) Organic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 6 Months

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Rheumatic Fever

DUE TO (c)

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 ☐ 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, 1951, *to* July 6, 1952, *that I last saw the deceased alive on* July 5, 1952, *and that death occurred at* 8:15 P.M. *from the causes and on the date stated above.*

| | | |
|---|---|---|
| 23a. SIGNATURE (Degree or title) J. B. Graddon MD | 23b. ADDRESS Jameson | 23c. DATE SIGNED July 11 52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0 | 24b. DATE 7-8-1952 | 24c. NAME OF CEMETERY OR CREMATORY Centenary Cemetery |
| 24d. LOCATION (City, town, or county) (State) Daviess County, Missouri | | |
| DATE REC'D BY LOCAL REG. 11 July 1952 | REGISTRAR'S SIGNATURE Virginia M. Engelhart 81-0 | 25. FUNERAL DIRECTOR'S SIGNATURE L. O. Richesson — ADDRESS Hope Funeral Home, Gallatin, Mo. |

(Licensed Embalmer's Statement on Reverse Side)

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 L. O. Richison

Licensed Embalmer No. 3307

P. O. Address Gallatin, 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.