

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 State File No. **41767**

FILED DEC 23 1952

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 4096		Registrar's No. 181	
1. PLACE OF DEATH a. COUNTY Cass.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Freeman Mo.		c. LENGTH OF STAY (in this place) 4 years.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Freeman, Missouri.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Not in hospital. At Home.				d. STREET ADDRESS (If rural, give location) Main Street.			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) ADAM		c. (Last) TRIBBY		4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1952.	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May, 26, 1861.	
9. AGE (to years last birthday) 91		IF UNDER 1 YEAR Months 6 Days 8		IF UNDER 2 HRS. Hours 8 Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, retired.				10b. KIND OF BUSINESS OR INDUSTRY General Farming.		11. BIRTHPLACE (State or foreign country) Carlisle, Ky.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME John Adam Tribby, Sr.		13b. MOTHER'S MAIDEN NAME Elisa A. Kimes.		14. NAME OF HUSBAND OR WIFE Winnefred Florence Tribby			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give No. & date of service) No.		16. SOCIAL SECURITY NO. None.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Emma Linville, Drexel, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure,				INTERVAL BETWEEN ONSET AND DEATH Four hours	
		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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4341				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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec. 9 , 19 52 , to Dec. 14 , 19 52 , that I last saw the deceased alive on Dec. 14, 1952 , and that death occurred at 12:30 m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Paul H. Green D.O.				23b. ADDRESS Harrisonville, Missouri.		23c. DATE SIGNED 12/16/52.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/16/52		24c. NAME OF CEMETERY OR CREMATORY Freeman Cemetery		24d. LOCATION (City, town, or county) (State) Freeman, Missouri.	
DATE RECD BY LOCAL REG. 12/16/52.		REGISTRAR'S SIGNATURE Nora Barward		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Drexel, Mo.	

(Licensed Embalmer's Signature on Reverse Side)

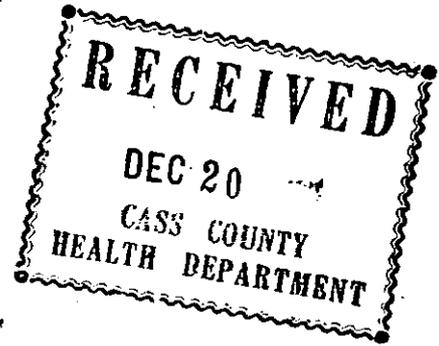
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0190

0190

0

20



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, ~~XXXXXXXX~~

~~XXXXXXXXXXXXXXXXXX~~

working ~~under my personal supervision~~

Student ~~XXXXXXXXXXXXXXXXXXXX~~
Student Embalmer

Signed _____

Licensed Embalmer No. _____ 1950

P. O. Address Drexel, Missouri.

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.