

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39322

State File No. _____

5309

FILED NOV 25 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 3 YRS		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2e				e. STREET ADDRESS (If rural, give location) 1522 Virginia Avenue				
3. NAME OF DECEASED (Type or Print) Aaron			a. (First)		b. (Middle)		c. (Last) Triplett	
4. DATE OF DEATH		(Month) 11		(Day) 5		(Year) 1953		
5. SEX 2 MALE		6. COLOR OR RACE COLORED		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH 1883 7880		
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Days		Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER				10b. KIND OF BUSINESS OR INDUSTRY 000 JOBS		11. BIRTHPLACE (City and State or Foreign Country) GREENFIELD, MO. 0		
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME DON'T KNOW				
13b. MOTHER'S MAIDEN NAME DON'T KNOW				14. NAME OF HUSBAND OR WIFE JULIA TRIPLETT				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. HEYWOOD 1522 VIRGINIA.				
18. CAUSE OF DEATH								
Enter only one cause per line for (a), (b), and (c)								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anemia and emaciation, Chronic gastric ulcer with esophageal constricture.								
ANTECEDENT CAUSES DUE TO (b) Multiple duodenal ulcer.								
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								
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 5410								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 9-30-53, 19__, to 11-5-53, 19__, that I last saw the deceased alive on 11-5-53, 19__, and that death occurred at 2:00 p. m., from the causes and on the date stated above.								
23a. SIGNATURE E. Frank Ellis MD				(Degree or title)		23b. ADDRESS 600 East 22nd Street		
23c. DATE SIGNED 11-9-53				24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL				
24b. DATE 11-10-1953		24c. NAME OF CEMETERY OR CREMATORY BLUE RIDGE LAWN		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.				
DATE REC'D BY LOCAL REG. 11-9-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BRADY-BROWN K. P., 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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 453

P. O. Address Kansas

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.