

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **322**

BIRTH NO. **FILED FEB 8 1954** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **122**

1. PLACE OF DEATH a. COUNTY <b>Buchanan.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</b> b. COUNTY <b>Ray.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Richmond.</b> <b>0891</b>	
c. LENGTH OF STAY (in this place) <b>19 yrs 11 mo 24 days</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital No. 2.</b>			

3. NAME OF DECEASED a. (First) <b>NELSON</b>		b. (Middle) <b>None</b>		c. (Last) <b>TRIPLETT.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1-29-1954.</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>negro.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed.</b>		8. DATE OF BIRTH <b>1-1-1860.</b>	
9. AGE (In years last birthday) <b>94</b>		IF UNDER 1 YEAR Months <b>0</b>		IF UNDER 1 YEAR Days <b>28</b>		IF UNDER 1 YEAR Hours <b></b>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Common laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Common labor</b>		11. BIRTHPLACE (State or foreign country) <b>Horton, Missouri.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Unknown.</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown.</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown.</b>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None.</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ray County Court - Richmond, Missouri</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Tobac Pneumonia</b>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>3 days.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS <b>Secord degree burn.</b>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Senility</b>				DUE TO (b) <b>E-9167</b>	
		DUE TO (c) <b>40</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>State Hospital #2</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Joseph Buchanan Missouri</b>	
21d. TIME OF INJURY <b>Jan 17, 1954 4:40 P.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fell asleep while smoking. Clothing caught on fire.</b>	

22. I hereby certify that I attended the deceased from **6-1-** 1945, to **1-29-** 1954, that I last saw the deceased alive on **1-28-** 1954, and that death occurred at **3:35 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. H. Marroway</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>State Hospital No. 2. St. Joseph, Mo.</b>		23c. DATE SIGNED <b>1-29-1954</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Feb 1-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Kirkville</b>		24d. LOCATION (City, town, or county) (State) <b>Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>Feb 5, 1954</b>		REGISTRAR'S SIGNATURE <b>Kather M. Allison</b> <b>485-</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. H. Alexander</b>		ADDRESS <b>St. Joseph, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

**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 \_\_\_\_\_

*Wm. H. Alexander*

Licensed Embalmer No. *4450*

P. O. Address *St. Joseph, 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.