

FILED JUL 14 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18422

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 6290 Registrar's No. 442

1. PLACE OF DEATH a. COUNTY <u>DALLAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>DALLAS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL S. BENTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL S. BENTON</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>LONG LANE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LONG LANE-MO.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARY</u>	b. (Middle) <u>FRANCIS</u>	c. (Last) <u>TRIPLETT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 1-1954</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 30 1881</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>DALLAS COUNTY MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>WASHINGTON Hill</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>WILL TRIPLETT</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>WILL TRIPLETT</u>	ADDRESS <u>LONG-LANE MO</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 DAYS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIAL HYPERTENSION</u> DUE TO (c) <u>GENERALIZED ARTERIO-SCLEROSIS</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CHRONIC MITRAL INSUFFICIENCY</u>			

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 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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>331X</u>
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22. I hereby certify that I attended the deceased from AUGUST, 1953 to JUNE, 1954; that I last saw the deceased alive on JUNE 28, 1954; and that death occurred at 12:35 AM from the causes and on the date stated above.

23a. SIGNATURE <u>Homer J. Gravelle D.C.</u>	(Degree or title) _____	23b. ADDRESS <u>BUFFALO MO</u>	23c. DATE SIGNED <u>JULY 2 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-3-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LIBERTY CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>DALLAS CO MO</u>
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DATE REC'D BY LOCAL REG. <u>7/12/54</u>	REGISTRAR'S SIGNATURE <u>Miss Grace Feltz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Montgomery Funeral Home Buffalo, Mo</u>	ADDRESS _____
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WRITE PLAINLY--USING UNFADING, BLACK INK--MAKE A PERMANENT RECORD

2300

0800

**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 *Lyle Montgomery* .....

Licensed Embalmer No. *3592* .....

P. O. Address *Buffalo, 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.