No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17569

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4245 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: WebSTER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshfield, Mo.
c. LENGTH OF STAY (In this place): Month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): George Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Webster
c. CITY OR TOWN: Rogersville
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): RFD 3

1120
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3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): HELEN
c. (Last): TRIPLETT

4. DATE OF DEATH (Month) (Day) (Year): 5 - 23 - 1955

5. SEX: F
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 2-22-1884
9. AGE (In years last birthday): 71
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): HOME
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and State or Foreign Country): ARKANSAS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: SAMUEL W. BROWN
13b. MOTHER'S MAIDEN NAME: MARGRET JOUDREN
14. NAME OF HUSBAND OR WIFE: R.W. TRIPLETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: R.W. TRIPLETT
ADDRESS: ROGERSVILLE, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4/7/55

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-Vascular Hypertensive Disease — 10 yrs to my knowledge
DUE TO (c) Arteriosclerosis - Severe - General. — years

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: 443' X
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* _____, 19 43, *to* May 22, 19 55, *that I last saw the deceased alive on* May 22, 19 55, *and that death occurred at* 2:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: C.M. Macdonald (Degree or title): M.D.
23b. ADDRESS: Marshfield, Mo.
23c. DATE SIGNED: 5/23/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-26-55
24c. NAME OF CEMETERY OR CREMATORY: COLUMBUS
24d. LOCATION (City, town, or county) (State): COLUMBUS, KANSAS

DATE REC'D BY LOCAL REG.: 5/25/55
REGISTRAR'S SIGNATURE: J.T. Farmer 392-0
25. FUNERAL DIRECTOR'S SIGNATURE: Bergman-Miller-Seymour Mo.
ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Max L Miller.....

Licensed Embalmer No.4 7

P. O. Address Mansfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.