

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027609

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 65 Primary Registration District No. 5250 Registrar's No. 30

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 021  
2 021  
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7 1  
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12 90-3  
13 20

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUL 22 1963		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>CHARITON</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) <u>BRUNSWICK TWP.</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b		c. CITY OR TOWN <u>BRUNSWICK RFD</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>5 Mi. Northwest</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>FRED</u> Middle <u>STREET</u> Last			4. DATE OF DEATH Month <u>JULY</u> Day <u>19</u> Year <u>1963</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB 45 1883</u>	9. AGE (last birthday) <u>80</u> Months <u>5</u> Days <u>14</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and state or country) <u>ILLINOIS</u>	
13a. FATHER'S NAME <u>W.T. STREET</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET JOHNSON</u>		14. NAME OF HUSBAND OR WIFE <u>HENRY Stobaugh Triplett MO</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT Address <u>[redacted]</u>	
18. CAUSE OF DEATH (Enter only one cause per line)					
PART I. DEATH WAS CAUSED BY:					
IMMEDIATE CAUSE (a) <u>Natural Causes Probably Coronary Thrombosis? Lead?</u>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) _____					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					
<u>Lived alone and was found in his lounge</u>					
PART III. If deceased was female was there a pregnancy in last 90 days.					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION _____		COUNTY _____		STATE _____	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____					
Death occurred at <u>9:30 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>H.D. Gurnett Governor of Chariton County</u>			22b. ADDRESS <u>Kaytown Mo</u>		22c. DATE SIGNED <u>7/19/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>7-21-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>M.C. Culbaugh</u>	
23d. LOCATION (City, town, or county) <u>Triphett MO</u>		23e. DATE RECD. BY LOCAL REG. <u>July 20-1963</u>		23f. REGISTRAR'S SIGNATURE <u>Glennie Smith</u>	
24. FUNERAL DIRECTOR <u>S.L. Keipard</u>		ADDRESS <u>MENDON MO</u>		25. DATE RECD. BY LOCAL REG. <u>July 20-1963</u>	

(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 embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*A. R. Ripard*

Licensed Embalmer No. 3970

P. O. Address MENDON 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.