

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**43652**  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jasper Registration District No. 408  
 (b) Township Garbage Primary Registration District No. 3020 Registered No. 241  
 (c) City Garbage (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 71 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Flora Hathcock  
 (a) Residence, No. 222 N. McCreary St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John T. Hathcock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>71</u>	<u>7</u>	<u>3</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Jasper County (STATE OR COUNTRY) Missouri

FATHER  
 13. NAME John Thomas Triplett  
 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Illinois

MOTHER  
 15. MAIDEN NAME Sarah Triplett  
 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. W. H. Heiden  
Route 3 - Garbage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Cemetery DATE Dec. 30, 1939

19. FUNERAL DIRECTOR (NAME) Three Mortuary (ADDRESS) Garbage, Mo.

20. FILED Dec. 30, 1939 W. H. Heiden Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1939 to Dec. 28, 1939  
 I last saw her alive on Dec. 28, 1939. Death is said to have occurred on the date stated above, at 6:45 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Myocarditis, chronic est. 1935  
 Date of onset 1935

Other contributory causes of importance:  
Senile atrophy  
Nephritis, chronic

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) W. H. Heiden, M. D.  
 (Address) Garbage Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 140-118

Date Filed JAN 9 1940

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Emm R. Kneel

Licensed Embalmer No. 391

P. O. Address Parthage

**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, above space should be left blank.