

75-0

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

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Thayer
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon

(c) City or town Thayer
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Zylphia Ann Tribble

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John H. Tribble

6. (c) Age of husband or wife if alive _____ years

7. Birth date Dec. 7 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	-	9	hr. _____ min.

9. Birthplace Mayfield Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Tribble

(b) Address Thayer, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 12 18 42
(Month) (Day) (Year)

(c) Place: burial or cremation Thayer Cem.

18. (a) Signature of funeral director Lee Carr

(b) Address Thayer, Mo.

19. (a) 1-8-43 (Date received local registrar)

Zae D Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16
Year 1942 hour 4 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec 10 1942 to Dec 16 1942
that I last saw him alive on Dec 16 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Adrenal Pneaumonia

Due to Senility

Due to _____

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature Thayer (M. D. or other) _____

Address Thayer Date signed 1-8-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1112

Cooper

RECEIVED

District Health Officer No. 6,

District File Number 243204

Date Filed 2-10-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.