

FILED MAR 3 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4082

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 256

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution:
708 No. 4th St.
(d) Length of stay: In hospital or institution 30 years
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 708 No. 4th
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Charles M. Tribbett

3. (b) If veteran, name war none (c) Social Security No. none

4. Sex Male (d) Color or race White (e) Single, widowed, married, divorced, widowed 2 divorced Widowed
6. (b) Name of husband or wife Mary Tribbett (c) Age of husband or wife if alive years 4 (d) Birth date of deceased March 1853

8. AGE: Years 93 Months 11 Days 13

9. Birthplace Unknown Indiana

10. Usual occupation Retired Resturant owner

11. Industry or business Resturant

12. Name Asberry Tribbett
13. Birthplace unknown unknown
14. Maiden name Elizabeth Scroggins
15. Birthplace Decatur Illinois

16. (a) Informant John Tribbett (b) Address Yuma, Colorado

17. (a) removal (b) Date thereof 12/19/47 (c) Place: burial or cremation Yuma, Colorado

18. (a) Signature of funeral director Heaton Be Gale-Berumen (b) Address St. Joseph, Mo.

19. (a) 2-24-47 (b) R. G. Jenkins

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17 year 1947 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from 2-16-47 to 2-17-47 that I last saw him alive on 2-16-1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia, Hypostatic
Due to Heart Disease, Arteriosclerotic?

Other conditions: Senility

Major findings: Of operations: ASD 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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: A. C. Jensen (M. D. or OTHER) Address 207 P.O. St. Joseph Date signed 2-17-47

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

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 Eugene Wood
Licensed Embalmer No. 3804
P. O. Address 319 50th St. Grand, 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.