

FILED MAR 8 1948

Registration District No. _____

Primary Registration District No. 5019

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

1. PLACE OF DEATH:

(a) County: ANDREW
(b) City or town: ROCHESTER
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: ROCHESTER TOWNSHIP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 90 YRS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: ANDREW
(c) City or town: ROCHESTER TOWNSHIP
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: CELESTINE TRIPLET
3. (b) If veteran, name war: L
3. (c) Social Security No.: L

4. Sex: F Color or race: W
5. Color or race: W
6. (a) Single, widowed, married, divorced: W 2
6. (b) Name of husband or wife: _____
6. (c) Age of husband or wife if alive, years: DEC. 18 1857 (Month) (Day) (Year)

8. AGE: Years: 90 Months: 2 Days: 6 If less than one day: hr. min.

9. Birthplace: AMAZONIA MO (City, town, or county) (State or foreign country)

10. Usual occupation: AT HOME

11. Industry or business: _____

MOTHER FATHER
12. Name: CHRISTIAN BRIET 5
13. Birthplace: BURNE SWITZERLAND (City, town, or county) (State or foreign country)
14. Maiden name: MARGARET JINKENS
15. Birthplace: UN KNOWN TENN. (City, town, or county) (State or foreign country)

16. (a) Informant: MRS. Minnie Kowetz
(b) Address: SANNAP, MO
17. (a) BURIAL (b) Date thereof: 2-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sannap, Mo.

18. (a) Signature of funeral director: E. C. Breit
(b) Address: Sannap, Mo.
19. (a) 2-25-48 (Date received local registrar) (b) T. L. Sparks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 2 day: 24 year: 1948 hour: 7 minute: P.M.
21. I hereby certify that I attended the deceased from 2-24 1948 to 2-24 1948 that I last saw him alive on 2-24 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: CORONARY OCCLUSION

Due to: _____

Due to: _____

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: Of operations: 94A
Of autops: _____

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, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury: 0

23. Signature: E. M. Reynolds (M. D. or other) MD
Address: Union Station, MO Date signed: 2-25-48

PHYSICIAN
Underline the cause of which death should be charged statistically.

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

E. C. Bueit.

Licensed Embalmer No. *2650*

P. O. Address *Savannah, 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.