S. No. 300
v. 10.48

0190

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

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26296

BIRTH NO. _____ REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 5228 Registrar's No. 136

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pleasant Hill RR #1
c. LENGTH OF STAY (in this place): 1 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7 Mile South-East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pleasant Hill Mo 0190
d. STREET ADDRESS (If rural, give location): RR #1 - 7 miles South E.

3. NAME OF DECEASED (Type or Print)
a. (First): Franklin
b. (Middle): —
c. (Last): Triplett

4. DATE OF DEATH (Month) (Day) (Year): Sept 2, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 1, 1863
9. AGE (In years last birthday): 87 — If under 1 year: Months 0, Days 1 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agri
11. BIRTHPLACE (State or foreign country): Thurman Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Elza Triplett
13b. MOTHER'S MAIDEN NAME: Mary Eppright
14. NAME OF HUSBAND OR WIFE: Elizabeth Triplett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Elizabeth Triplett — ADDRESS: Pleasant Hill

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Benign prostatic hypertrophy — 2 yrs
DUE TO (c): — 610X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chronic arteriosclerotic heart disease — 2 yrs

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 3-15, 1949, *to* 9-2, 1950, *that I last saw the deceased alive on* 9-1-50 19__, *and that death occurred at* 3:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A W Eklund MD
23b. ADDRESS: Pleasant Hill, Mo
23c. DATE SIGNED: 9-2-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-4-50
24c. NAME OF CEMETERY OR CREMATORY: North Platt Neb.
24d. LOCATION (City, town, or county) (State): North Platte Neb

DATE REC'D BY LOCAL REG.: Sept 2, 1950
REGISTRAR'S SIGNATURE: Laura J. Jones
25. FUNERAL DIRECTOR'S SIGNATURE: J A Henrick — ADDRESS: Pleasant Hill Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOV 17 1950

RECEIVED
SEP 0 - 1950
CASS COUNTY
HEALTH DEPARTMENT

MAY 1 6 1955

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.

Signed J. Virgil Herrick

Signed _____
Student Embalmer

Licensed Embalmer No. 3599

P. O. Address Pleasant Hill M

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.