

FILED AUG 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 27851
Registrar's No. 31

BIRTH NO.		REG. DIST. NO. <u>292</u>		PRIMARY REG. DIST. NO. <u>4435</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>Rolla</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Rolla</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Perry, Missouri</u>		c. LENGTH OF STAY (in this place) <u>3 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Perry, Missouri</u>		d. STREET ADDRESS (If rural, give location) <u>0870</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Norman</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Tribble</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 4, 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>August 26, 1890</u>	
9. AGE (in years last birthday) <u>59</u>		10. MONTHS <u>11</u>		11. DAYS <u>7</u>		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dairy farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dairy farm</u>		11. BIRTHPLACE (State or foreign country) <u>Curryville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John William Tribble</u>		13b. MOTHER'S MAIDEN NAME <u>Nevada Calhoun</u>		14. NAME OF HUSBAND OR WIFE <u>Etel Mae Webb Tribble</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Etel Mae Tribble, Perry, Missouri</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of stomach</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Dec 19 49</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of stomach</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 1949</u> , to <u>8-4</u> , 1950, that I last saw the deceased alive on <u>7-30, 1950</u> and that death occurred <u>at 10:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Smith</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Hannibal, Missouri</u>		23c. DATE SIGNED <u>8-8-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 7, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivert Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8/7/1950</u>		REGISTRAR'S SIGNATURE <u>Clyde W. Wicks</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Clyde G. Welby</u>		ADDRESS <u>Perry, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 11 1950
 District Health Officer No. 10
 District File Number 8-50-1316
 Date Filed AUG 17 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
 Student Embalmer

Signed Olyde C. Wilkey
 Licensed Embalmer No. 3820
 P. O. Address Perry 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.