

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37644

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5286 Registrar's No. 101

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|------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY Lewis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaGrange | c. LENGTH OF STAY (In this place) Life | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaGrange | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION LaGrange, Missouri | | d. STREET ADDRESS (If rural, give location) | |

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|--------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------|-----------------------------|-------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | | |
| a. (First) James | b. (Middle) Edward | c. (Last) Triplett | Nov. 24 1950 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Dec. 15, 1863 | 9. AGE (In years last birthday) 86 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter & Decor. | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) LaGrange, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME Madison Triplett | 13b. MOTHER'S MAIDEN NAME Mildred Smullings | 14. NAME OF HUSBAND OR WIFE Elmira Patterson Triplett |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Arthur Triplett | ADDRESS LaGrange, Mo. |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Insufficiency | | INTERVAL BETWEEN ONSET AND DEATH 4222 |
| | -ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none | | |
| | DUE TO (c) Senility | | |
| 19. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |

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| 19a. DATE OF OPERATION Nov 20 | 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Nov 23, 1950 to Nov 24, 1950, that I last saw the deceased alive on Nov 23, 1950, and that death occurred at 3:00 m., from the causes and on the date stated above.

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|--------------------------------|-------------------|-------------------------------------|---------------------------|
| 23a. SIGNATURE A. Stueck W. O. | (Degree or title) | 23b. ADDRESS St 5747, Barriere, Mo. | 23c. DATE SIGNED 11/26/50 |
|--------------------------------|-------------------|-------------------------------------|---------------------------|

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|--------------------------------------------------|-------------------------|----------------------------------------------|------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Nov. 26, 1950 | 24c. NAME OF CEMETERY OR CREMATORY Riverview | 24d. LOCATION (City, town, or county) (State) LaGrange Mo. |
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| DATE REC'D BY LOCAL REG. 11-27-50 | REGISTRAR'S SIGNATURE P. J. Jennings | 25. FUNERAL DIRECTOR'S SIGNATURE Kenneth Bailey | ADDRESS LaGrange, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: DEC 4 1950
DISTRICT HEALTH OFFICE #
District File Number/2-50
Date Filed: DEC 4 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *J. Kenneth Bailey*

Licensed Embalmer No. *4248*

P. O. Address *La Grange, 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.