

FILED JAN 23 1952

STANDARD CERTIFICATE OF DEATH

State File No. 3615

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 4479 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <b>SCHUYLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>SCHUYLER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>QUEEN CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>QUEEN CITY 0980</b>	
c. LENGTH OF STAY (in this place) <b>13 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOME</b>			

3. NAME OF DECEASED a. (First) <b>GEORGE</b>		b. (Middle) <b>G</b>		c. (Last) <b>TRIPLETT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 4, 1952</b>	
5. SEX <b>MO</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED 1</b>		8. DATE OF BIRTH <b>SEPT. 19, 1879</b>	
9. AGE (in years last birthday) <b>72</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>PONTIAC CO, MO</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>		13a. FATHER'S NAME <b>SAMUEL W. TRIPLETT</b>		13b. MOTHER'S MAIDEN NAME <b>MARY STANS BERRY</b>		14. NAME OF HUSBAND OR WIFE <b>HENRIETTA TRIPLETT</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>2</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>LOYD TRIPLETT LANCASTER, MO</b>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		ANTECEDENT CAUSES		DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 **1-3-52**, 1952, to **1-4-52**, 1952, that I last saw the deceased alive on **1-4-52**, 1952, and that death occurred at **7 P.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title)		23b. ADDRESS <b>[Address]</b>		23c. DATE SIGNED <b>1-5-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JAN 6, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>HAZEL CREEK UNION CEM GREENTOP</b>	
24d. LOCATION (City, town, or county) (State) <b>MO</b>		DATE REC'D BY LOCAL REG. <b>Jan 16, 1952</b>		REGISTRAR'S SIGNATURE <b>353 [Signature]</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>[Address]</b>			

WRITE PLAINLY—USING 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Lucretia A. Nead*

Signed .....

Student Embalmer

Licensed Embalmer No. *4038*

P. O. Address *Lincolnton, 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.