

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7043

State File No.

FILED MAR 10 1952

BIRTH NO. _____		REG. DIST. NO. 352		PRIMARY REG. DIST. NO. 4517		Registrar's No. 17	
1. PLACE OF DEATH a. COUNTY TANEY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY TANEY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRANSON		c. LENGTH OF STAY (in this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TANEYVILLE 1060			
d. FULL NAME OF HOSPITAL OR INSTITUTION SKAGGS Community Hosp.				d. STREET ADDRESS (If rural, give location) Rural TANEYVILLE 0			
3. NAME OF DECEASED (Type or Print) a. (First) ANCHIE		b. (Middle) TRIPLETT		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) FEB. 9, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 24 1869	9. AGE (In years last birthday) 82	IF UNDER 15 Months 10	IF UNDER 15 Days 15	IF UNDER 15 Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Mary Clausson		13b. MOTHER'S MARDEN NAME Sarah Tucker		14. NAME OF HUSBAND OR WIFE deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bertha Whites Calamba Cal.			
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) Cardiac thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis 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.				INTERVAL BETWEEN ONSET AND DEATH 2 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 Feb 9, 1952 , to Feb 9, 1952 , that I last saw the deceased alive on Feb 9, 1952 , and that death occurred at 4:00 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John G. ...				23b. ADDRESS Highway, Mo.		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Rural		24b. DATE 2/12/52		24c. NAME OF CEMETERY OR CREMATORY Bradleyville Cemetery, Bradleyville, Mo.		24d. LOCATION (City, town, or county) (State) Bradleyville, Mo.	
DATE REC'D BY LOCAL REG. Mar. 3-1952		REGISTRAR'S SIGNATURE J. E. Cogswell 376		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. S. Cobb Faraway, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

1060

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 _____

Walter S. Cobb

Licensed Embalmer No. 4731

P. O. Address Sancti, 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.