

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34761**

FILED NOV 10 1952

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 151

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

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>REXON</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u> <u>0402</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2502 Maple St</u>		d. STREET ADDRESS (If rural, give location) <u>2502 Maple St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>W</u> c. (Last) <u>TRIPLETT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10 31-52</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>JA. 20, 1882</u>	9. AGE (In years) (Month) (Day) (Hour) (Min.) <u>70 9 11 - -</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Aluminum Radiator Bldg.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Body & Bus Body Shop</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Clay County, West Virginia</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Jesse M. Triplett</u>	13b. MOTHER'S MAIDEN NAME <u>Marilla Ann Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Triplett</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Trenton Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		<u>Instantly</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>arteriosclerosis</u>		<u>2 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>		<u>10 years</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</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 June, 1951, to October 3, 1952, that I last saw the deceased alive on 10-24, 1952, and that death occurred at 10:00 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. L. Clark M.D.</u>	23b. ADDRESS <u>Trenton, MO.</u>	23c. DATE SIGNED <u>11-1-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-2-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Trenton MO</u>
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DATE REC'D BY LOCAL REG. <u>11-2-52</u>	REGISTRAR'S SIGNATURE <u>Gene Davis</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Davis-Blackmore</u>	ADDRESS <u>Trenton Mo.</u>
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1981 PL 1096

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. 454

working under my personal supervision.

Student Harold L. Roberts
Student Embalmer

Signed _____

Raymond A. Damin

Licensed Embalmer No. 3424

P. O. Address Quincy, 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.