

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **680**

S. No. 300
EV. 10.48

FILED FEB 11 1953

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 14

6007

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

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
c. LENGTH OF STAY (in this place) 6 days		d. STREET ADDRESS (If rural, give location) 1703 N. Washington	
d. FULL NAME OF HOSPITAL OR VETERANS ADMINISTRATION HOSP. INSTITUTION Excelsior Springs, Missouri			

3. NAME OF DECEASED (Type or Print) a. (First) Wallace b. (Middle) E. c. (Last) Tribble		4. DATE OF DEATH (Month) (Day) (Year) February 1, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH September 14, 1900
9. AGE (In years last birthday) 52		10. KIND OF BUSINESS OR INDUSTRY Department Store	11. BIRTHPLACE (City and State or Foreign Country) Billings, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Detective		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME George W. Tribble	13b. MOTHER'S MAIDEN NAME Willie L. Smith	14. NAME OF HUSBAND OR WIFE Ellen Tribble
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I	16. SOCIAL SECURITY NO. 492286887	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records ADDRESS _____

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) Peritonitis, generalized, acute		DUE TO (b) Perforation, gastric ulcer		Unknown
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complications which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Unknown
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Diabetes mellitus; arteriosclerosis coronary and generalized; pleurisy, chronic, fibrous, left		Unknown
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION 1-29-53		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION Diffuse peritonitis; pneumoperitoneum; adherence of omentum about right hepatic flexure, gall bladder and duodenum		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 Jan 27, 1953 , to Feb 1, 1953 , that death occurred at 1:50 Pm. , from the causes and on the date stated above.		

23a. SIGNATURE OF REGISTRAR F. J. Mantell (Degree or title) M.D.		23b. ADDRESS Excelsior Springs, Missouri		23c. DATE SIGNED 2-2-53
24. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-5-53	24c. NAME OF CEMETERY OR CREMATORY Springfield	24d. LOCATION (City, town, or county) (State) Springfield Mo	
DATE REC'D BY LOCAL REG. 2/4/53	REGISTRAR'S SIGNATURE Caroline Hutchings	25. FUNERAL DIRECTOR'S SIGNATURE W. M. ...	ADDRESS ...	

(Licensed Embalmer's Statement on Reverse Side)

1966

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 Harold S. Walker

Licensed Embalmer No. 4588

P. O. Address Lathrop, 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.