

FILED FEB 1 1953

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **832**
 BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **4153** Registrar's No. **53-11**

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lockwood Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural sac twp	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 9mi³/₄n.e greenfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Marie	b. (Middle) Neva	c. (Last) Triplett	jan 22 1953		
5. SEX F	6. COLOR OR RACE colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Apr. 7, 1896	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.) 9 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Dade Co	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Edward E Headley		13b. MOTHER'S MAIDEN NAME Malinda Nowling		14. NAME OF HUSBAND OR WIFE Hubert Triplett	
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 AND ADDRESS Hubert Triplett Greenfield Mo R.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH Unknown
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.		260X			

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) (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 **1-21**, 19**53**, to **1-22**, 19**53** that I last saw the deceased alive on **1-21**, 19**53**, and that death occurred at **3:05^B** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lee A. Mc Neal, M.D.		23b. ADDRESS Greenfield, Mo		23c. DATE SIGNED 1-23-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE jan 25, 1953		24c. NAME OF CEMETERY OR CREMATORY Greenfield	
24d. LOCATION (City, town, or county) (State) Greenfield Mo		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W.R. Allison Greenfield Mo			
DATE REC'D BY LOCAL REG. 1-26-53		REGISTRAR'S SIGNATURE J. C. Canada 478			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48290
0

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 W.R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield, Mass

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.