

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5662

FILED MAR 2 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>173</u>		PRIMARY REG. DIST. NO. <u>4557</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Hawell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance) a. STATE <u>Missouri</u> b. COUNTY <u>Hawell</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lomona</u>		c. LENGTH OF STAY (In this place) <u>4 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lomona</u>		<u>0460</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>Rt 2</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosa</u> b. (Middle) <u>Tribble</u> c. (Last) <u>Christopher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-14-53</u>						
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>1-8-1885</u>			
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 MIN. Hours			
10a. USUAL OCCUPATION (Give kind of work and during most of working life even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Clay Co. Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>J. Tribble</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Mundy</u>		14. NAME OF HUSBAND OR WIFE <u>Edw. Christopher</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edw. Christopher, Lomona 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arthritis deformans</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo. +</u>	
				ANTECEDENT CAUSES DUE TO (b) <u>Myocarditis</u>				<u>6 mo.</u>	
				DUE TO (c) <u>General debility</u>				<u>2 mo.</u>	
				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 <u>H222</u>						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)					
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 <u>12/31</u> , 19 <u>52</u> , to <u>1-14</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1/7</u> , 19 <u>53</u> , and that death occurred at <u>2:00 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Jurgil D. Bailey</u> (Degree or title) <u>MD.</u>				23b. ADDRESS <u>107 Walnut West Plains Mo</u>		23c. DATE SIGNED <u>2/4/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1/14-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lingman</u>		24d. LOCATION (City, town, or county) (State) <u>Lingman, Miss. Mo</u>			
DATE REC'D BY LOCAL REG. <u>March 4, 1953</u>		REGISTRAR'S SIGNATURE <u>Martha Lee Safford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. P. Shelton West Plains Mo</u>					

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

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**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 *J. D. Roberts*

Licensed Embalmer No. *3438*

P. O. Address *West Plains, 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.