S. No. 300
V. 10.48

FILED JUN 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17788

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 99

1. PLACE OF DEATH
a. COUNTY: Grundy 0402 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trenton
c. LENGTH OF STAY (In this place): 5 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wright Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Grundy 1400
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Laredo 0
d. STREET ADDRESS (If rural, give location): 3½ mi SE Laredo

3. NAME OF DECEASED (Type or Print)
a. (First): Jerry
b. (Middle): Allen
c. (Last): Triplett

4. DATE OF DEATH (Month) (Day) (Year): June 6 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Nov 23 1946
9. AGE (In years last birthday): 6
If under 1 year: Months 6 Days 13
If under 24 hrs.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (City and State or Foreign Country): Trenton Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas Lee Triplett
13b. MOTHER'S MAIDEN NAME: Jean Marie Cox
14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Thomas Lee Triplett
ADDRESS: Laredo Mo

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) Hemorrhage - Ruptured Liver — Interval between onset and death: 4 hours
Was run over by a car

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: 040 E8300 25
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 6th
19b. MAJOR FINDINGS OF OPERATION: Abdomen full of blood. Liver and diaphragm ruptured
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Alpha yard
21c. (CITY, TOWN, OR TOWNSHIP): Trenton
(COUNTY): Grundy
(STATE): Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): ___ m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Was run over by a car

22. *I hereby certify that I attended the deceased from* June 5th, 1953, *to* June 6th, 1953, *that I last saw the deceased alive on* June 6th, 1953 *and that death occurred at* 2:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Oliver F. Duffy M.D. (Degree or title)
23b. ADDRESS: Trenton Mo
23c. DATE SIGNED: June 6th 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 8 1953
24c. NAME OF CEMETERY OR CREMATORY: Alpha Cemetary
24d. LOCATION (City, town, or county): Laredo (State): Mo

DATE REC'D BY LOCAL REG.: 6/8/53
REGISTRAR'S SIGNATURE: Irene Tarr (US)
25. FUNERAL DIRECTOR'S SIGNATURE: E.J. Robertson Funeral Home
ADDRESS: Laredo

(Licensed Embalmer's Statement on Reverse Side)

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

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 M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo

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.