

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **35289**

FILED NOV 9-1953

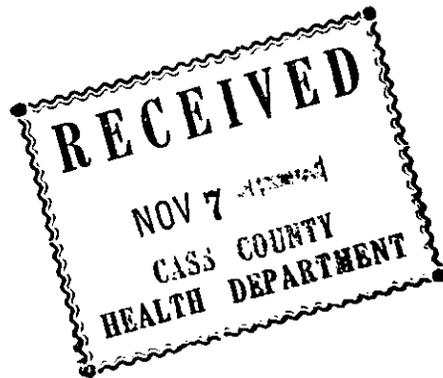
REG. DIST. NO. **59**PRIMARY REG. DIST. NO. **4097**Registrar's No. **156**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrisonville		c. LENGTH OF STAY (in this place) 1 Day	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrisonville		d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital	
d. STREET ADDRESS (If rural, give location) 703 So Independence Ave			
3. NAME OF DECEASED a. (First) PEARLE		b. (Middle) B.	
c. (Last) TRIPLETT		4. DATE OF DEATH (Month) Oct (Day) 31 (Year) 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 21 1877
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (City and State or Foreign Country) East Lynne Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME J. C. Bridges		13b. MOTHER'S MAIDEN NAME Nannie Wm Spadden	
14. NAME OF HUSBAND OR WIFE J. P. Triplett			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME J. P. Triplett MD		ADDRESS Harrisonville 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 6 hrs	
DUE TO (c)		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 331X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Harrisonville (Cass) Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from Oct. 31 1953 , to Oct 31, 1953 , that I last saw the deceased alive on Oct 31, 1953 , and that death occurred at 5:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE J. P. Triplett MD		23b. ADDRESS Harrisonville, Mo.	
23c. DATE SIGNED 10-31-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 2 1953	
24c. NAME OF CEMETERY OR CREMATORY Dakland Cemetery		24d. LOCATION (City, town, or county) (State) Harrisonville Mo	
DATE REC'D BY LOCAL REG Nov 2 53		REGISTRAR'S SIGNATURE Dora Barward	
5. FUNERAL DIRECTOR'S SIGNATURE Renninger's		ADDRESS Harrisonville Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

D.P.P.



MAR 23 1955

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 Ernest R. Henningsen

Licensed Embalmer No. 3368

P. O. Address Harrisonville

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.