No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4585

BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 170-A

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place): 44 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Phillipsburg 0530
d. STREET ADDRESS (If rural, give location): no St. address /

3. NAME OF DECEASED (Type or Print)
a. (First): Fleta
b. (Middle): May
c. (Last): Tribble

4. DATE OF DEATH (Month) (Day) (Year): Feb. 9 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 18, 1904
9. AGE (In years last birthday): 49 — If under 1 year: Months: 9 Days: 21 — If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and State or Foreign Country): Long Lane Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Thomas Burd
13b. MOTHER'S MAIDEN NAME: Maggie Hoverton
14. NAME OF HUSBAND OR WIFE: Ben Tribble

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 / **ADDRESS**: Ben Tribble Phillipsburg 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) Carcinoma of ascending colon — INTERVAL BETWEEN ONSET AND DEATH: 2 years

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

Conditions contributing to the death but not related to the disease or condition causing death. 153X

19a. DATE OF OPERATION: June 27, 1952
19b. MAJOR FINDINGS OF OPERATION: Inoperable carcinoma of ascending colon
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 3, 19 53, *to* FEB 9, 19 54, *that I last saw the deceased alive on* FEB 9, 19 54, *and that death occurred at* 5:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John P. Ferguson M.D.
23b. ADDRESS: Springfield Mo.
23c. DATE SIGNED: FEB 16, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/12/54
24c. NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery
24d. LOCATION (City, town, or county) (State): near Phillipsburg Mo.

DATE REC'D BY LOCAL REG.: 2-17-54
REGISTRAR'S SIGNATURE: Faith Williamson
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: W. E. Holman Lebanon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.