

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4643**

BIRTH FILED **FEB 23 1954** REG. DIST. NO. **131** PRIMARY REG. DIST. NO. **3023** Registrar's No. **308**

0422

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

| | | | | | |
|---|--|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Henry | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Clinton | | c. LENGTH OF STAY (In this place) 2 days | c. CITY (If outside corporate limits, write RURAL and give township) Clinton | | d. STREET ADDRESS (If rural, give location) 407 East Louise |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Witzel Hospital | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Hattie b. (Middle) Randall c. (Last) Tribble | | | 4. DATE OF DEATH (Month) (Day) (Year) 2-4-1954 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH 2-22-1875 | 9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) St Clair Co. Illinois | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Joseph Whitechurch | | 13b. MOTHER'S MAIDEN NAME Susanna Wright | 14. NAME OF HUSBAND OR WIFE Thomas Tribble | | |
| 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 ADDRESS Cecelia Taylor Clinton Mo | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | | | |
| MEDICAL CERTIFICATION | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Paralysis | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | | |
| ANTECEDENT CAUSES | | | | | |
| DUE TO (b) Cerebral Hemorrhage | | | | | |
| DUE TO (c) Hypertension | | | | | |
| 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) | | 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) | | 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 Oct 20, 1953 , to 2-4, 1954 , that I last saw the deceased alive on 2-4, 1954 , and that death occurred at 3:12 p.m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) R. E. Harbaugh, D.O. | | | 23b. ADDRESS 105 E. Ohio | | 23c. DATE SIGNED Feb. 5-54 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 2-6-1954 | 24c. NAME OF CEMETERY OR CREMATORY Crowwood cemetery | 24d. LOCATION (City, town, or county) (State) Clinton Mo | | |
| DATE REC'D BY LOCAL REG. Feb. 6-54 | REGISTRAR'S SIGNATURE Florence Adair | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Siekman-Dunning Clinton Mo | | |

MAY 10 1956

APR 9 1956

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

Robert L. Dunning

Licensed Embalmer No. *4710*

P. O. Address *Clinton MD*

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.