

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34415

State File No. _____

FILED NOV 15 1954

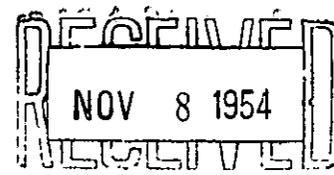
BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 143

No. 300
10.48

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

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Warrensburg,</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg,</u>		d. STREET ADDRESS (If rural, give location) <u>116 West North Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center,</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHRIS</u>		b. (Middle) <u>RAMSEY</u>	
		c. (Last) <u>TRIPLETT</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>November 5th, 1954</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>October 25th, 1954</u>
9. AGE (In years last birthday)		10. MONTHS	11. DAYS
		12. HOURS	13. MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Warrensburg, Missouri,</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Elmo Dean Triplett</u>		13b. MOTHER'S MAIDEN NAME <u>Wanda Lee Ramsey</u>	
		14. NAME OF HUSBAND OR WIFE <u>Single</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
		17. INFORMANT'S SIGNATURE OR NAME <u>Elmo D. Triplett, Warrensburg, Mo</u>	
		ADDRESS	
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) <u>Bronchial occlusion</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
		DUE TO (b) <u>aspiration of vomitus</u>	
		DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7620</u>	
		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) m.		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>Oct. 25th, 1954</u> , to <u>Nov. 5th, 1954</u> , that I last saw the deceased alive on <u>Nov. 5, 1954</u> , and that death occurred at <u>1:20A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Elmo D. Triplett</u>		(Degree or title) <u>M.D.</u>	
23b. ADDRESS <u>Warrensburg, Missouri</u>		23c. DATE SIGNED <u>11-6-1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-6-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 6, 1954</u>		REGISTRAR'S SIGNATURE <u>Savannah Antalfi</u>	
		147-0	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>R.A. Brauninger, Warrensburg, Mo.</u>	
		ADDRESS	



JOHNSON COUNTY HEALTH DEPT.

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed RAB Banninger
Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.