

DELATED
FILED MAR 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44429

BIRTH NO. _____ REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 6262 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ROGERSVILLE, RURAL W DALLAS</u>		c. CITY OR TOWN <u>ROGERSVILLE</u>	
c. LENGTH OF STAY (in this place) _____		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS (If rural, give location) <u>RURAL RT. 3</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>NOAH</u> b. (Middle) <u>HAMBLY</u> c. (Last) <u>TRIPLETT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 13 1954</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC 14, 1881</u>
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED MINISTER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>WEBSTER CO MISSOURI</u>
10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>WILLIAM THOMAS TRIPLETT</u>	13b. MOTHER'S MAIDEN NAME <u>EMMAINE BAYTON</u>	14. NAME OF HUSBAND OR WIFE <u>FRANCIS ISABELLE</u>
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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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>WILLIAM TRIPLETT</u>	ADDRESS <u>ROGERSVILLE MO RT 3</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute coronary occlusion with infarction myocardial</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary and general arteriosclerosis 3-5 years</u> DUE TO (c) <u>atherosclerosis, general</u>		<u>10 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congestive heart disease</u>		<u>2 1/2 years</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>10</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min) _____	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 20 Dec 1953 to 13 Feb 1954, that I last saw the deceased alive on 4 Feb 1954, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. M. Macdonnell MD.</u>	23b. ADDRESS <u>Marshfield, Mo.</u>	23c. DATE SIGNED <u>2/15/54</u> <u>(2/11/57 copy)</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-15-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOUNT OLIVE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ROGERSVILLE RURAL MO</u>
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DATE REC'D BY LOCAL REG <u>3-18-1957</u>	REGISTRAR'S SIGNATURE <u>Opal M. Good</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Ferrell</u>	ADDRESS <u>Rogersville Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY USING UNFADING BLACK INK MAKE A PERMANENT RECORD

MAR 21 1957

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.....
Signature of Student Embalmer

Signed *K K Kelley*

Licensed Embalmer No. *335*

P. O. Address *Ford*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.