

No. 300
10.48

FILED MAR 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8193

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 265

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Doniphan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	c. LENGTH OF STAY (in this place) <u>2 weeks</u>	c. CITY OR TOWN <u>Troy</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Joseph's Hospital</u>			
e. STREET ADDRESS (If rural, give location) <u>915th S</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Russell</u>	b. (Middle) <u>Charles</u>	c. (Last) <u>Triplet</u>	(Month) <u>Mar</u>	(Day) <u>3</u>	(Year) <u>1956</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>Oct. 5 1901</u>	9. AGE (In years, months, days, hours, min.) <u>54</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fruit Broker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Produce Business</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Troy Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Charles Triplet</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Moser</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Triplet</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. <u>510-32-8115</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Triplet</u>	ADDRESS <u>Troy Kans.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infarction left ventricle, massive</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Occlusion left coronary artery</u> DUE TO (c) <u>Coronary Thrombosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Multiple Pulmonary Infarcts, in situ</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>2 wks</u> <u>2 wks</u> <u>1 wk</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>The above</u>	20. AUTOPSY? <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u> <input 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)	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 July, 1950, to death, 1956, that I last saw the deceased alive on Mar. 3, 1956, and that death occurred at 4:10 p.m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Emerson J. Deaton M.D.</u>	23b. ADDRESS <u>Deaton Kans</u>	23c. DATE SIGNED <u>3/9/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3/3/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive</u>	24d. LOCATION (City, town, or county) (State) <u>Troy Kansas</u>
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DATE REC'D BY LOCAL REG. <u>Mar 9, 1956</u>	REGISTRAR'S SIGNATURE <u>Esther M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Vernon B. Libbette</u>	ADDRESS <u>Troy Ko</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

85-0

MAR 20 1958
JAN 21 1959

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 *[Handwritten Signature]*

Licensed Embalmer No. 353

P. O. Address *[Handwritten Address]*

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.