

FILED FEB 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

577

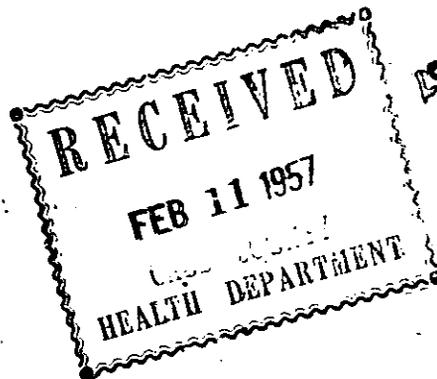
State File No.

BIRTH NO.		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4097</u>		Registrar's No. <u>14</u>					
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Cass</u>			
b. CITY OR TOWN <u>Harrisonville</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Harrisonville</u>		d. 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 <u>Memorial Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>703 So Independence St</u>							
3. NAME OF DECEASED (Type or Print) <u>JACOB S</u>			a. (First)			b. (Middle) <u>S</u>					
c. (Last) <u>TRIPLETT</u>			4. DATE OF DEATH		(Month) <u>Feb</u>		(Day) <u>4</u> (Year) <u>1957</u>				
5. SEX <u>Male</u>		6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Dec 2 1865</u>		9. AGE (In years last birthday) <u>91</u>			
10a. USUAL OCCUPATION (Give kind of work done for most of working life; even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or foreign Country)		12. CITIZEN OF WHAT COUNTRY					
<u>Physician</u>				<u>Louisa Co. Virginia</u>		<u>USA</u>					
13a. FATHER'S NAME <u>Thomas Mason Triplett</u>			13b. MOTHER'S M maiden NAME <u>Viana Reed Silcott Pearle</u>			14. NAME OF HUSBAND OR WIFE <u>R Triplett</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>RENA RICHARDS WARRENSBURG, Mo.</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA -</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 Weeks</u>			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephrosclerosis</u>							
				DUE TO (c)							
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>						20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN OR TOWNSHIP) <u>Harrisonville</u>		(COUNTY)		(STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4:46 P</u>		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>Dec. 1956</u> , to <u>Feb 5, 1957</u> , that I last saw the deceased alive on <u>Feb 5, 1957</u> , and that death occurred at <u>8 P</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>Harrisonville Mo</u>		23c. DATE SIGNED <u>7 Feb 1957</u>					
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>Feb 7-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>		24d. LOCATION (City, town or county) <u>Harrisonville Mo</u>		(State)			
DATE REC'D BY LOCAL REG. <u>Feb 7-1957</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Harrisonville Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

457



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 *James R. Phillips*

Licensed Embalmer No. *4641*

P. O. Address *Harrisonville*

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.