

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4387**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 161-C

1. PLACE OF DEATH  
a. COUNTY Greene  
b. CITY OR TOWN Springfield  
c. LENGTH OF STAY (in this place) 18  
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Webster  
c. CITY OR TOWN Rogersville 1120  
d. Is Residence within limits of a city or incorporated town? Yes  No   
STREET ADDRESS R 3 (If rural, give location)

3. NAME OF DECEASED  
a. (First) FRANCIS b. (Middle) ISABELL c. (Last) \_\_\_\_\_  
(Type or Print) Francis Estersabell Triplett

4. DATE OF DEATH (Month) (Day) (Year) Feb 12 1957  
5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 8. DATE OF BIRTH Apr. 17, 1881 9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) Rogersville Mo R 3 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME William R. Brooks 13b. MOTHER'S MAIDEN NAME Martha Ann Abridge 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME William Triplett, R#3, Rogersville, Mo ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH  
Enter only one cause per line on (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.*

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) mesenteric thrombosis  
ANTECEDENT CAUSES (Thrombosis, superior mesenteric artery)  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) arteriosclerosis, generalized  
DUE TO (c) None  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. 5702

INTERVAL BETWEEN ONSET AND DEATH 4 days  
10 yrs -

19. DATE OF OPERATION 2/11/57 19b. MAJOR FINDINGS OF OPERATION occlusion superior mesenteric artery with incipient gangrene small bowel 20. AUTOPSY? YES  NO   
21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., 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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 10 Feb 1957 to Feb 12, 1957, that I last saw the deceased alive on Feb 12, 1957, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William W. Wood M.D. 23b. ADDRESS 1211 N. Bluffton Ave. Springfield Mo. 23c. DATE SIGNED 2/15/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 2-12-57 24c. NAME OF CEMETERY OR CREMATORY Mount Olive Cemetery 24d. LOCATION (City, town, or county) (State) Webster Co. Mo

DATE REC'D BY LOCAL REG. 2-18-57 REGISTRAR'S SIGNATURE John Williamson 25. FUNERAL DIRECTOR'S SIGNATURE Wm K. Jones ADDRESS Rogersville, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

cause of death

MAR 5 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 *Wm K. Terrell* .....

Licensed Embalmer No. 4910.....

P. O. Address *Regisville, W. Va.*.....

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.