Health, Welfare Public Service

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FILED JUL 15 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20786
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 593-A

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION 1900 BLK. TRAFFICWAY — Length of stay in 1b —

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY WEBSTER
c. CITY OR TOWN STRAFFORD MO RI — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) 112 7 MI. W. MARSHFIELD — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First ROBERT Middle C Last TRIPLETT
4. DATE OF DEATH Month July Day 3 Year 1957
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH AUG 31 1907
9. AGE (In years last birthday) 49 — 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) CONSTRUCTION
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME GRANT TRIPLETT
13b. MOTHER'S MAIDEN NAME SARAH PAMPLIN
14. NAME OF ~~HUSBAND~~ OR WIFE EDITH
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 489-36-5827
17. INFORMANT EDITH TRIPLETT Address STRAFFORD MO RI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) PROBABLE BROKEN BACK — INTERVAL BETWEEN ONSET AND DEATH INSTANT
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) —
DUE TO (c) E912.5
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 6
CUTS AND BRUISES CAUSED BY TEETH ON BUCKET OF POWER DITCH DIGGER
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2
20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) HE WAS IN DITCH, BEING EXCAVATED BY POWER DITCH DIGGER, PLACING SAFTY BOARDS. BUCKET OF DIGGER SLIPED AND BRAKE FAILED TO HOLD. IT FELL ON TOP OF TRIPLETT WHO COULD NOT GET OUT OF THE WAY
20c. TIME OF INJURY Hour About 7:30 a.m. Month, Day, Year July 3, 1957
20d. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) DITCH BESIDE CITY STREET
20f. CITY, TOWN, OR LOCATION 133 COUNTY STATE SPRINGFIELD, GREENE, MISSOURI

21. I attended the deceased from —, to —, and last saw her/him alive on —
Death occurred at ABOUT 7:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ralph H. Thiem (Degree or title) Greene County Coroner 3
22b. ADDRESS Springfield, Missouri
22c. DATE SIGNED 6 July 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 7-6-1957
23c. NAME OF CEMETERY OR CREMATORY MT. PISGAH
23d. LOCATION (City, town, or county) WEBSTER Co (State) MO

24. FUNERAL DIRECTOR BARBER-EDWARDS ADDRESS MARSHFIELD
25. DATE RECD. BY LOCAL REG. 7-8-57
26. REGISTRAR'S SIGNATURE Evelyn Williamson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUL 25 1957

MAR 19 1958

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 George Stopp

Licensed Embalmer No. 3161

P. O. Address Mtn. Grove

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.