

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022762  
STATE FILE NUMBER

FILED JUN 25 1958 Registration District No. 272 Primary Registration District No. 5912 Registrar's No. 21

S. 300  
1-57  
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1. PLACE OF DEATH a. COUNTY <i>Cemiset</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cemiset</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Steele Virginia</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Steele</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Virginia Hosp</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>Route 2</i>

3. NAME OF DECEASED (Type or print) First Middle Last <i>James Triplett</i>			4. DATE OF DEATH Month Day Year <i>5-1-58</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>9-18-1902</i>	9. AGE (In years last birthday) <i>56</i>	IF UNDER 1 YEAR Months Days <i>1 13</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Labour</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>	11. BIRTHPLACE (City and state or country) <i>Louisville Miss</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	

13a. FATHER'S NAME <i>Sam Triplett</i>		13b. MOTHER'S MAIDEN NAME <i>Connie Anderson</i>		14. NAME OF HUSBAND OR WIFE <i>Emmer Triplett</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Emmer Triplett</i> Address <i>Steele Rt 2</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute Myocardial Infarction</i>			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <i>arteriosclerotic Heart Disease</i>			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4200</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <i>Steele, Mo.</i>	COUNTY <i>Mo.</i>	STATE
21. I attended the deceased from <i>4/29/58</i> to <i>4/30/58</i> and last saw <sup>(him)</sup> alive on <i>4/30/58</i> Death occurred at <i>11:30</i> P.M. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) <i>Bevil E. Halcomb, M.D.</i>		22b. ADDRESS <i>Steele, Mo.</i>		22c. DATE SIGNED <i>5/6/58</i>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>5-4-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Holly Beane</i>	23d. LOCATION (City, town, or county) (State) <i>Steele Mo</i>
24. GENERAL DIRECTOR ADDRESS <i>Berman and Co Steele Mo</i>		25. DATE RECD. BY LOCAL REG. <i>6-16-58</i>	26. REGISTRAR'S SIGNATURE <i>R. O. Minner</i>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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6-180-58

JUN 24 1958

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE . PHONE 79  
CARUTHERSVILLE, MO.

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 Not Embalmed Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed .....

Licensed Embalmer No.....

P. O. 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.