

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034302

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 189

DO NOT WRITE ON THIS STUB

AMENDED

**FILED SEP 17 1962**

1. PLACE OF DEATH  
 a. COUNTY Franklin  
 b. CITY (If outside corporate limits, give TOWNSHIP only) Washington Length of stay in lb OR TOWN 2 wks  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo b. COUNTY Franklin  
 c. CITY OR TOWN St. Clair Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Highway "K" Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Austin Middle B Last Triplet  
 4. DATE OF DEATH Month Sept. Day 7 Year 1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 8/10/88 9. AGE (last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 10b. KIND OF BUSINESS OR INDUSTRY General Const. 11. BIRTHPLACE (City and state or country) Owensville, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Cornesius Triplett 13b. MOTHER'S MAIDEN NAME Laura Slinkman 14. NAME OF HUSBAND OR WIFE Flora Triplett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Address Flora Triplett St. Clair, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Death Cardiac Decomposition INTERVAL BETWEEN ONSET AND DEATH 1 h  
 DUE TO (b) WOLF PARKINSON WHITE SYNDROME  
 DUE TO (c) \_\_\_\_\_  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) MOST PROBABLE CA OF STOMACH - HEMATOMASIS  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_

20c. TIME OF INJURY Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 20f. CITY, TOWN, OR LOCATION \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

21. I attended the deceased from 1955 to DEATH and last saw him/her alive on 9-6-62  
 Death occurred at 2:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John F. Pearl, M.D. (Degree or title) 22b. ADDRESS St. Clair, Mo 22c. DATE SIGNED 9-7-62

23a. BURIAL CREMATION, REMOVAL (Specify) Burial 23b. DATE 9/9/62 23c. NAME OF CEMETERY OR CREMATORY Midlawn Memorial Gardens 23d. LOCATION (City, town, or county) (State) Union, Mo.

24. FUNERAL DIRECTOR Casey-Lenox F.H. ADDRESS St. Clair, Mo. 25. DATE RECD. BY LOCAL REG. 9/9/62 26. REGISTRAR'S SIGNATURE Lula C. Hubman

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

SEP 26 1962

**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 B. M. Leroy

Licensed Embalmer No. 3601

P. O. Address St. Clair, Mo.

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.