

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035376

STATE FILE NUMBER

Registration District No. 389 Primary Registration District No. 3039 Registrar's No. 194

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED  
INSTEAD OF  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
SHOULD READ  
ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

|   |   |
|---|---|
| FILED SEP 25 1962   |   |
| 1. PLACE OF DEATH   |   |
| a. COUNTY<br><u>Linn</u>  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN<br><u>MARCELINE</u>  | a. STATE<br><u>Missouri</u> b. COUNTY<br><u>CHARITON</u>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><u>ST. FRANCIS Hospital</u>   | c. CITY OR TOWN<br><u>TRIPHETT</u> Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                   |
| d. STREET ADDRESS<br><u>ST. FRANCIS Hospital</u>  | d. STREET ADDRESS (if outside, give location)<br><u>TRIPHETT</u> Residence on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)   |   |
| First<br><u>NANNIE</u>  | Middle<br><u>B.</u>   |
| Last<br><u>JOHNSON</u>  | 4. DATE OF DEATH<br><u>Sept 22-1962</u>   |
| 5. SEX<br><u>FEMALE</u>   | 6. COLOR OR RACE<br><u>White</u>  |
| 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>   | 8. DATE OF BIRTH<br><u>MAY 13-1896</u>  |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  | 9b. KIND OF BUSINESS OR INDUSTRY<br><u>HOUSEWORK</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>HOUSEWORK</u>   |
| 11. BIRTHPLACE (City and state or country)<br><u>Macon Mo</u>   | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>   |
| 13a. FATHER'S NAME<br><u>JAMES H. BROWN</u>   | 13b. MOTHER'S MAIDEN NAME<br><u>Louisa McWilliams</u>   |
| 14. NAME OF HUSBAND OR WIFE<br><u>Homer Brown Triphett Mo</u>   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>                                     |
| 16. SOCIAL SECURITY NO.<br><u>NONE</u>  | 17. INFORMANT<br><u>Homer Brown Triphett Mo</u>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   |   |
| PART I. DEATH WAS CAUSED BY:  |   |
| IMMEDIATE CAUSE (a)<br><u>Uremia</u>  | INTERVAL BETWEEN ONSET AND DEATH<br><u>approx 4 mos</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b)<br><u>Nephrosclerosis</u>  |
| DUE TO (c)<br><u>Arteriosclerotic (cardiac) disease</u>   | <u>YEARS.</u>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Anemia; Electrolyte imbalance; Pericarditis</u>   |   |
| PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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<br>Hour<br>a.m.<br>p.m.   | 20d. INJURY OCCURRED WHILE AT WORK <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<br>COUNTY<br>STATE   |
| 21. I attended the deceased from <u>Jan 1962</u> to <u>Sept 1962</u> and last saw her <u>alive</u> on <u>Sept 22, 1962</u><br>Death occurred at <u>1:45 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |
| 22a. SIGNATURE<br><u>George J. Gove</u> (Degree or title)   | 22b. ADDRESS<br><u>Marceline Mo.</u>  |
| 22c. DATE SIGNED<br><u>9-23-62</u>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>9/24/62</u>   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><u>McCullough</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>TRIPHETT MO</u>   |
| 24. FUNERAL DIRECTOR<br><u>S.L. Leipard</u>   | 25. DATE RECD. BY LOCAL REG.<br><u>9-23-1962</u>  |
| 26. REGISTRAR'S SIGNATURE<br><u>Lenna Watson</u>  |   |

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

~~we~~ 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 A. P. Keiser

Licensed Embalmer No. 3970

P. O. Address Mendon 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.