

CERTIFICATE OF DEATH

Registration District No. 319 Primary Registration District No. 6081 Registrar's No. 82

VS 300
 Rev. 1/70

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
 1. **ALBERT N. TRIPLETT** MALE **OCT. 22/1970**

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH
 4. **WHITE** 5a. **77** 5b. **77** 5c. **77** **APR. 19/1893** **STE. GENEVIEVE CTY.**

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
 7a. **WEINGARTEN** 7b. **NO** **RESIDENCE RT# 1 WEINGARTEN MO.**

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
 8. **Mo.** 9. **USA** 10. **MARRIED** 11. **IDA HAMMOND**

SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY
 12. **LABORER** 13. **LABORER**

RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER
 14a. **Mo. STE. GENEVIEVE ROUTE #1** 14b. **NO**

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
 15. **ALBERT - TRIPLETT** 16. **JULIA - LUNSFORD**

INFORMANT—NAME MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
 17a. **IDA TRIPLETT** 17b. **RT. #1 WEINGARTEN, MO. 63676**

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
 18. **Arteriosclerotic H. Dis.** **8 yrs**

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
 (b) **Senility**

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) AUTOPSY (YES OR NO) IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
 19a. **NO** 19b. **NO**

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
 20a. **NO** 20b. **NO** 20c. **NO**

INJURY AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS
 20a. **NO** 20b. **NO** 20c. **NO** 20d. **NO**

CERTIFICATION—PHYSICIAN: MONTH DAY YEAR TO MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR I DID/DID NOT VIEW THE BODY AFTER DEATH. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
 21a. **1967** 21b. **Oct 27, 1970** 21c. **9-20-70** 21d. **NO** 21e. **10:45 A**

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.
 22a. **NO** 22b. **NO** 22c. **NO**

CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE DEGREE OR TITLE DATE SIGNED (MONTH, DAY, YEAR)
 23a. **R.A. Huckstep** 23b. **R. A. Huckstep M.D.** 23c. **OCT. 25, 1970**

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP
 23a. **FARMINGTON, MO. 63640**

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE
 24a. **BURIAL** 24b. **PLEASANT HILL CEMETERY NEAR FARMINGTON MO.**

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
 25a. **OCT. 25/1970** 25b. **COZEAN FUNERAL HOME FARMINGTON MO. 63640**

FUNERAL DIRECTOR—SIGNATURE REGISTRAR—SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR
 25b. **C. H. Cozean** 26a. **George L. Wood** 26b. **October 24, 1970**

DO NOT WRITE ON THIS STUB
 9. **0**
 10a. **77**
 10b. **4-0950**
 11. **0**
 12. **1**
 13. **4/23**
 14. **0**
 15. **4**
 16. **0950**
 17. **0**
 18. **0**
 19. CREDITS
 20. **1-0**

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in PERMANENT BLACK INK. See handbook for instructions.

NOV 1 1970

NOV 18 1970

2390
10

77

10

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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 *C. H. Hargis*

Licensed Embalmer No. 4680

P. O. Address Hampton, 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.