

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **37545**

FILED NOV 21 1955

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3046</u>		Registrar's No. <u>86</u>	
1. PLACE OF DEATH a. COUNTY <u>Monterey</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Massachusetts</u> b. COUNTY <u>Monterey</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>		c. LENGTH OF STAY (in this place) <u>19 days</u>		c. CITY OR TOWN <u>California</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latham Sanatorium</u>				e. STREET ADDRESS (If rural, give location) <u>2681/2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) _____ c. (Last) <u>TRIEBER</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 16 1955</u>			
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Dec 6, 1862</u>	
9. AGE (in years last birthday) <u>92</u>		10. UNDER 1 YEAR Months <u>11</u> Days <u>10</u>		11. UNDER 24 HRS. Hours <u></u> Min. <u></u>		9. AGE (in years last birthday) <u>92</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (City and State or Foreign Country) <u>California Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Frank Hotrecht</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Schaffer</u>		14. NAME OF HUSBAND OR WIFE <u>Chas. C. Triebler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Wilson</u> ADDRESS <u>California, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>H221F</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of hip</u>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Oct 15</u> , 19 <u>55</u> , to <u>Nov 16</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov. 16</u> , 19 <u>55</u> , and that death occurred at <u>10 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Kennyon Latham M.D.</u>				23b. ADDRESS <u>California, Mo.</u>		23c. DATE SIGNED <u>11-18-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Nov. 19, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>		24d. LOCATION (City, town, or county) (State) <u>California Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 20-55</u>		REGISTRAR'S SIGNATURE <u>H. K. Pope</u>		506-2		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. E. Wilson</u> ADDRESS <u>California Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *A. E. Wilson*

Licensed Embalmer No. *235*

P. O. Address *California*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.