

FILED JUN 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16335**

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 204 Registrar's No. 250

49
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	
c. LENGTH OF STAY (In this place) 4 mo.		d. STREET ADDRESS (If rural, give location) 925 Chestnut	
d. FULL NAME OF HOSPITAL OR INSTITUTION 925 Chestnut			

3. NAME OF DECEASED (Type or Print)	a. (First) MARIE	b. (Middle) RIPPETEAU	c. (Last) RHEA	4. DATE OF DEATH (Month) (Day) (Year) 5 27 49
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 7, 1863	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 7 Days 20	IF UNDER 11 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Texas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Dr. Albert H. Rippeteau	13b. MOTHER'S MAIDEN NAME Anna Grahame	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME V. A. Daniel	ADDRESS Joplin, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cardiac decompensation		5 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c)		?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4501	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from May 25, 1949, to May 27, 1949, that I last saw the deceased alive on May 27, 1949, and that death occurred at 1:45A m., from the causes and on the date stated above.

23a. SIGNATURE <i>R. H. Hunsaker</i>	(Degree or title)	23b. ADDRESS Joplin Mo.	23c. DATE SIGNED 5-27-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-29-49	24c. NAME OF CEMETERY OR CREMATORY Mammoth Springs	24d. LOCATION (City, town, or county) (State) Ark.
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DATE REC'D BY LOCAL REG. 5-28-49	REGISTRAR'S SIGNATURE <i>Ed James</i>	25. FUNERAL DIRECTOR'S SIGNATURE Parker-Hunsaker Mortuary	ADDRESS Joplin, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed *F. M. Jones*.....

Licensed Embalmer No. *2319*.....

P. O. Address *Jopline 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 this body is not embalmed, fact should be so stated above.