

No. 300
10-48

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1700
3

BIRTH NO. _____ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 4298 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Linn</u> OR TOWN <u>Linn</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0580</u> OR TOWN <u>Linn</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Peach</u>	b. (Middle) <u>Tripp</u>	c. (Last) <u>eeper</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Jan. 17, 1950</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov. 13, 1873</u>	9. AGE (In years last birthday) <u>76</u>	10. MONTHS <u>2</u>	11. DAYS <u>4</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		11b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>William Tripp</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Smith</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ray Tripp</u>	ADDRESS <u>Linn, Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastases of carcinoma of colon (abdominal)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> <u>153X</u> <u>2 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic hepatitis (arteriosclerosis) arth</u>		

19a. DATE OF OPERATION <u>Dec. 26, 1947</u>	19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma hepatic flexure of colon Metastases</u>		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) _____	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 June, 1947, to Jan. 17, 1950, that I last saw the deceased alive on Jan 16, 1950, and that death occurred at 5 A. M., from the causes and on the date stated above.

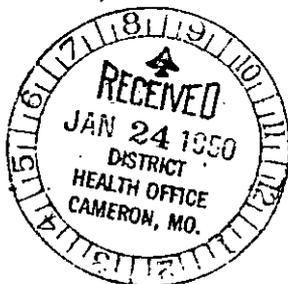
23a. SIGNATURE (Degree or title) <u>John R. Dixon M.D.</u>	23b. ADDRESS <u>Brookfield, Mo.</u>	23c. DATE SIGNED <u>1-18-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>Jan. 19-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clewood</u>	24d. LOCATION (City, town, or county) (State) <u>Linn, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 21-1950</u>	REGISTRAR'S SIGNATURE <u>Mrs Budie Kelley</u>	162 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Brothman</u>	ADDRESS <u>Linn, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 20 1950



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 W. R. Wright

Licensed Embalmer No. 4655

P. O. Address Leeds, Missouri

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.