

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15741**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **375** PRIMARY REG. DIST. NO. **6279** Registrar's No. **22**

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

1. PLACE OF DEATH a. COUNTY <b>Wright</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Wright</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Gasconade Twp</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Gasconade 1140</b>	
c. LENGTH OF STAY (in this place) <b>65Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>7 Miles Northwest Mansfield</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>at His Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Hosea</b> b. (Middle) <b>Nichols</b> c. (Last) <b>Rippee</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4 27 1950</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>8-8-1884</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR: Months <b>8</b> Days <b>19</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Mansfield, Missouri</b>	
				12. COUNTRY OF WHAT COUNTRY? <b>U.S.A</b>	

13a. FATHER'S NAME <b>John Rippee</b>	13b. MOTHER'S MAIDEN NAME <b>Anis Newton</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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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) <b>Unknown</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <b>Ira Rippee Mansfield, Mo</b>
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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 <b>4 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		
	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. <b>Influenza</b>		

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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>?</b>
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22. I hereby certify that I attended the deceased from **April 24, 1950**, to **April 27, 1950**, that I last saw the deceased alive on **April 27, 1950**, and that death occurred at **9:45P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. J. Zimmerman 2 D. O.</b>	23b. ADDRESS <b>Mansfield Mo</b>	23c. DATE SIGNED <b>4/27/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-1-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mansfield Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Mansfield, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>May 3, 1950</b>	REGISTRAR'S SIGNATURE <b>D. Garner 346</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Gene E. Holden</b>	ADDRESS <b>Hartsville, Mo</b>
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JUN 1 1961

RECEIVED MAY 6 1950  
WRIGHT CO. HEALTH DEPT.  
County File Number 550-59  
Date Filed 5-6-50

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.

Signed Gene E Haldren

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.