

S. No. 1300
V. 10. 48

FILED SEP 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27604
Registrar's No. 64

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5714

1. PLACE OF DEATH a. COUNTY MCDONALD		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI-MCDONALD b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NOEL-LANACAN Twp 7th		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NOEL 0607	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION NONE		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) PERRY-SAMPSON-RIPPETO	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 7-30-51
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 3-13-1881	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Days 17	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY SAME	11. BIRTHPLACE (State or foreign country) DALLAS MO	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME W.H. RIPPETO	13b. MOTHER'S MAIDEN NAME CLARIS-DUZAN	14. NAME OF HUSBAND OR WIFE GOLDIE-RIPPETO
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Goldie Rippeto, Noel	ADDRESS 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic gangrene		INTERVAL BETWEEN ONSET AND DEATH 6 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Diabetic mellitus (untreated)		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 260X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE	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) (Min.)	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 March, 1951, to July 30, 1951, that I last saw the deceased alive on July 30, 1951, and that death occurred at 8 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Fountain D. V.	23b. ADDRESS Noel MO	23c. DATE SIGNED Aug 9
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-31-51	24c. NAME OF CEMETERY OR CREMATORY OAKLAND	24d. LOCATION (City, town, or county) (State) HARRISONVILLE-MO.
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DATE REC'D BY LOCAL REG. 8-9-51	REGISTRAR'S SIGNATURE Mayme Humphrey 423	25. FUNERAL DIRECTOR'S SIGNATURE R. W. Humphrey Pineville MO	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED SEP 6 1951

Dist. File 921-1286

Date Filed 9-6-51

SEP 26 1951

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 Mayne E. Humphrey

Licensed Embalmer No. 4262

P. O. Address Pineville, 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.