

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10. 48

FILED JAN 22 1952

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>HOWELL 0461</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWELL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEST PLAINS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEST PLAINS 0461</u>	
c. LENGTH OF STAY (In this place) <u>27 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>544 EAST MAIN ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>residence</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u> b. (Middle) <u>OSCAR</u> c. (Last) <u>RIPLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 28, 1951</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED , NEVER MARRIED, WIDOWED , SEPARATED (Specify) <u>single</u>	
8. DATE OF BIRTH <u>JUNE 22, 1869</u>		9. AGE (In years last birthday) <u>82</u>		10. CITIZEN OF WHAT COUNTRY? <u>9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (State or foreign country) <u>9</u>	

13a. FATHER'S NAME <u>W.B. RIPLEY</u>		13b. MOTHER'S MAIDEN NAME <u>ALICE L. MITCHELL</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nellie Johnson, W. Plains, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHIECTASIS, CHRONIC</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES <u>HYPERCHOLESTEROLEMIA, CHRONIC</u>			
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. <u>ATHEROSCLEROSIS, CHRONIC</u>			
		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)			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 8 Dec, 1951, to 28 Dec, 1951, that I last saw the deceased alive on 27 Dec, 1951, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert A. Smith, M.D.</u> (Degree or title)		23b. ADDRESS <u>West Plains, Mo.</u>		23c. DATE SIGNED <u>JAN 7 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 31, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK LAWN CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>W. PLAINS, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hal Thompson</u>		ADDRESS <u>W. Plains, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-16-52</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> <u>379</u>			

1987 6 19 1987

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

Hal Thompson

Licensed Embalmer No. 3408

P. O. Address W. Plains, Me

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.