

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. P. H. Picken 8060
State File No.
Registrar's No. 274

FILED MAR 22 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD	
c. LENGTH OF STAY (in this place) LIFE		0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1311 E. LOCUST		d. STREET ADDRESS (If rural, give location) 1311 E. LOCUST	

3. NAME OF DECEASED (Type or Print)	a. (First) EDWARD	b. (Middle) E	c. (Last) RIPPEE	4. DATE OF DEATH (Month) (Day) (Year) MARCH 15, 1952
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 9 1924	9. AGE (In years last birthday) 27	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY Telephone Co.	11. BIRTHPLACE (State or foreign country) SPRINGFIELD, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME ELIZA RIPPEE	13b. MOTHER'S MAIDEN NAME GLADYS ACKERIDGE	14. NAME OF HUSBAND OR WIFE JOSEPHINE RIPPEE
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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. W. W. # 2 487-24-0791	17. INFORMANT'S SIGNATURE OR NAME JOSEPHINE RIPPEE	ADDRESS SPRINGFIELD, 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound of abdomen.		INTERVAL BETWEEN ONSET AND DEATH instant
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	DUE TO (c) _____		
11. 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 E 9190-19	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home.	21c. (CITY, TOWN, OR TOWNSHIP) Springfield, 133 (COUNTY) Greene (STATE) Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-15-52 12:24 a.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? shot himself accidentally.
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I first saw the deceased alive on _____, 19____, and that death occurred at **12:24 a.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. E. Allen Picken, Coroner	23b. ADDRESS 407 Medical Arts Bg.	23c. DATE SIGNED 3-17-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/19/52	24c. NAME OF CEMETERY OR CREMATORY MT. PLEASANT	24d. LOCATION (City, town, or county) (State) NEAR, HARTVILLE, MISSOURI
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DATE REC'D BY LOCAL REG. 3-19-52	REGISTRAR'S SIGNATURE James H. Amos, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE H. H. LOHMEYER	ADDRESS SPRINGFIELD, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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NOV 29 1953

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Walter E. Hamella

Signed.....
Student Embalmer

Licensed Embalmer No. *3808*

P. O. Address *Springfield 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.