.S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17591

BIRTH NO. _____ REG. DIST. NO. 197 PRIMARY REG. DIST. NO. 3057 Registrar's No. 34

#m 0891 1

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

1. PLACE OF DEATH
a. COUNTY: Ray
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond
c. LENGTH OF STAY (In this place): 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 727 East Main Street

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).
a. STATE: Missouri
b. COUNTY: Ray
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond 0891
d. STREET ADDRESS (If rural, give location): 727 East Main Street 0

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): ABRAHAM
c. (Last): RIPPY

4. DATE OF DEATH (Month) (Day) (Year): May 21, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: April 28, 1865
9. AGE (In years last birthday): 87 — If under 1 year: Months 0, Days 23 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: ----------
11. BIRTHPLACE (City and State or Foreign Country): Polo, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas H. Rippy
13b. MOTHER'S MAIDEN NAME: Amanda Kincaid
14. NAME OF HUSBAND OR WIFE: Maude (Thomas) Rippy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. James A. Rippy, Richmond, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Thrombus
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

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): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: none

22. *I hereby certify that I attended the deceased from* January, 1952, *to* May 21, 1952, *that I last saw the deceased alive on* May 21, 1952, *and that death occurred at* 9 45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 0
23b. ADDRESS: Richmond, Missouri
23c. DATE SIGNED: 5/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: May 23, 1952
24c. NAME OF CEMETERY OR CREMATORY: Sunny Slope Cemetery
24d. LOCATION (City, town, or county) (State): Richmond, Missouri

DATE REC'D BY LOCAL REG.: May 23, 1952
REGISTRAR'S SIGNATURE: Mabel Jackson 273
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Thomas J. Carter, Richmond, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.