

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35520

State File No. \_\_\_\_\_

 0532  
 FILED OCT 27 1952

BIRTH NO. _____		REG. DIST. NO. <u>170</u>	PRIMARY REG. DIST. NO. <u>3033</u>	Registrar's No. <u>147</u>
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u> <u>0532</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>204 N Moursie St.</u>		d. STREET ADDRESS (If rural, give location) <u>204 N Moursie St.</u>		
3. NAME OF DECEASED a. (First) <u>Sarah</u> b. (Middle) <u>Alice</u> c. (Last) <u>Rippy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 9, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 18, 1869</u>	9. AGE (In years) last birthday <u>83</u> <input type="checkbox"/> UNDER 1 YEAR <u>2</u> <input type="checkbox"/> UNDER 1 MONTH <u>25</u> <input type="checkbox"/> UNDER 1 DAY
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Mo.</u>	
13a. FATHER'S NAME <u>Alfred Myers</u>		13b. MOTHER'S MAIDEN NAME <u>Polly Munkholland</u>	14. NAME OF HUSBAND OR WIFE <u>William Rippy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Martha Reid Lebanon, Mo.</u> ADDRESS _____	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cachexia</u>  ANTECEDENT CAUSES <u>Sen. lity</u> DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>ARTHRITIS</u> <u>ARTERIO SCLEROSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Year</u>
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>110</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4500</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from <u>7-18, 1952</u> , to <u>10-9, 1952</u> , that I last saw the deceased alive on <u>10-9-52, 19</u> , and that death occurred at <u>10:30 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>E. Fisher M.D.</u> (Degree or title)		23b. ADDRESS <u>Lebanon, Mo</u>		23c. DATE SIGNED <u>10-9-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/13/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Salem Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Laclede Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-12-1952</u>	REGISTRAR'S SIGNATURE <u>Hella L. Gray</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Holman</u> ADDRESS <u>Lebanon, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

Received

OCT 18 1952

Leode County Health Unit

File No.

10-52-138

Date Filed

OCT 24 1952

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.....  
Student Embalmer

Signed *Dorsey M. Howe*

Licensed Embalmer No. *4222*

P. O. Address *Lebanon, 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.