

No. 30
10. 48

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22333**

FILED JUL 13 1953

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **5858** Registrar's No. **129**

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

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Graham-rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Graham-rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0170	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Mary	b. (Middle)	c. (Last) Ripley	6-30-1953		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3-9-1874	9. AGE (In years last birthday) 79	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 (If a kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Sweet Springs, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Godfrey Wermelshirchem	13b. MOTHER'S MAIDEN NAME Ellen Norfolk	14. NAME OF HUSBAND OR WIFE Edmund I Ripley deceased
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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. none	17. INFORMANT'S SIGNATURE OR NAME Ruth Ripley ADDRESS Graham-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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 69r.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-Vascular Renal DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lobar Pneumonia		3 day	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4/12X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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 **June**, 19**47**, to **June 30**, 19**53**, that I last saw the deceased alive on **June 30**, 19**53**, and that death occurred at **5p.** m., from the causes and on the date stated above.

23a. SIGNATURE M.C. Sewell, D.O. (Degree or title)	23b. ADDRESS Ma. Hland. Mo	23c. DATE SIGNED 7/2/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-3-1953	24c. NAME OF CEMETERY OR CREMATORY Kyle Cem.	24d. LOCATION (City, town, or county) (State) Graham - Mo
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DATE REC'D BY LOCAL REG. 7-10-53	REGISTRAR'S SIGNATURE Bess Holt	25. FUNERAL DIRECTOR'S SIGNATURE Edwin Stetson ADDRESS
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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
Student Embalmer

Student Embalmer No. _____

Signed

L. M. Allison

Licensed Embalmer No. *2279*

P. O. Address *Prayville, 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.