

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

State File No. **42472**

FILED DEC. 31 1953

BIRTH NO. _____ REG. DIST. NO. **101** PRIMARY REG. DIST. NO. **4173** Registrar's No. **68**

0340

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Douglas	b. CITY (If outside corporate limits, write RURAL and give town or township) Ava,	a. STATE Missouri	b. COUNTY Douglas
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Ava	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) ### B.	c. (Last) Rippee	4. DATE OF DEATH (Month) (Day) (Year) 12-11-53
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3-13-65	9. AGE (In years last birthday) 88	# UNDER 1 YEAR Months _____ Days _____	# UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Rippee, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ezra Rippee	13b. MOTHER'S MAIDEN NAME Linda Hancock	14. NAME OF HUSBAND OR WIFE Sarah A. 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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Iva Rippee, Ava, Missouri	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bladder		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. Chronic Arterio Sclerosis		15 yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 181 X	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) (m.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:30P m., from the causes and on the date stated above.**

23a. SIGNATURE M. E. Genting M.D.	(Degree or title)	23b. ADDRESS Ava, Mo	23c. DATE SIGNED 12-14-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-14-53	24c. NAME OF CEMETERY OR CREMATORY Ava	24d. LOCATION (City, town, or county) (State) Ava, Missouri
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DATE REC'D BY LOCAL REG. 12-21-53	REGISTRAR'S SIGNATURE Wesley Bushman	25. FUNERAL DIRECTOR'S SIGNATURE Clinkingbeard	ADDRESS Funeral Home, Ava, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Lyle B. Glinkingbeard*

Licensed Embalmer No. *4830*

P. O. Address *Alva, 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.