

FILED JUN 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Paul-Prarie Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u>	
c. LENGTH OF STAY (in this place) <u>0</u>		d. STREET ADDRESS (If rural, give location) <u>W. Pine Street</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>713 1/2 Pass 1/2 mi S of #50</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Jo.</u> c. (Last) <u>Rippatoe</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 17-54</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>3 Colored</u>	7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 30-39</u>
9. AGE (In years last birthday) <u>23</u>		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 <u>Home</u>
11. BIRTHPLACE (State or foreign country) <u>Chanute Kan</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Sheridan Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie Straton</u>	
14. NAME OF HUSBAND OR WIFE <u>Herschel Rippatoe</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Herschel Rippatoe</u>		ADDRESS <u>Harrisonville, Mo</u>	
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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple fractures both lower limbs Rt fractured pelvis</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Due to (b) Fracture Rt. humerus</u>			
DUE TO (c) <u>Fracture Rt. distal radius</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8104 26</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>History of infection</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (home, farm, factory, street, public bldg., etc.) <u>Street</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson MO MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-17-54 3:00 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Two Car Collision</u>			
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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Walter H. Quinn, Coroner</u>		23b. ADDRESS <u>1034 Piatt Bldg</u>	
23c. DATE SIGNED <u>6-17-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-20-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Edwood Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Chanute, Kan</u>	
DATE REC'D BY LOCAL REG. <u>6-18-54</u>		REGISTRAR'S SIGNATURE <u>N B Langford 483</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>N B Langford</u>		ADDRESS <u>See Summit</u>	

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

W B Langford

Licensed Embalmer No. *3833*

P. O. Address *405 Summit*

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.