

FILED SEP 8 1954

STANDARD CERTIFICATE OF DEATH

State File No. 28103

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 126

**1. PLACE OF DEATH**  
 a. COUNTY Jasper  
 b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Webb City  
 c. LENGTH OF STAY (In this place) 60 Yrs.  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 700 E. 5th St.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Jasper  
 c. CITY (If outside corporate limits, write RURAL and give township) Webb City  
 d. STREET ADDRESS (If rural, give location) 700 E. 5th St. 0420

**3. NAME OF DECEASED**  
 a. (First) Clarence b. (Middle) Melvin c. (Last) Ripley  
**4. DATE OF DEATH** (Month) (Day) (Year) Aug. 26, 1954

**5. SEX** Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed **8. DATE OF BIRTH** Oct. 1, 1885 **9. AGE** (In years last birthday) 68 **IF UNDER 1 YEAR** (Month) (Day) (Hour) (Min.) 10 25 **IF UNDER 24 HRS.** (Hour) (Min.) \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Laborer **10b. KIND OF BUSINESS OR INDUSTRY** \_\_\_\_\_ **11. BIRTHPLACE** (State or foreign country) Dallas County, Mo. **12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** William Ripley **13b. MOTHER'S MAIDEN NAME** Lou Shroner **14. NAME OF HUSBAND OR WIFE** \_\_\_\_\_

**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.** \_\_\_\_\_ **17. INFORMANT'S SIGNATURE OR NAME** Mrs. Craig, Webb City, Mo. **ADDRESS** 700 E. 5th St.

**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, ashenia, etc. It means the disease, injury, or complication which caused death.  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) Coronary occlusion  
 ANTECEDENT CAUSES arteriosclerosis  
 Morbid 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.

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_ **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)** Webb City, Jasper, Mo.  
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) (Min.) \_\_\_\_\_ **21e. INJURY OCCURRED** WHILE AT WORK  NOT WHILE AT WORK  **21f. HOW DID INJURY OCCUR?** \_\_\_\_\_

**22. I hereby certify that I attended the deceased from** Did Not See, 1954, to and, 1954, that I last saw the deceased alive on Did Not See, and that death occurred at 100P m., from the causes and on the date stated above.

**23a. SIGNATURE** R.K. Seyler (Degree or title) M.D. **23b. ADDRESS** 7th Prairie Bldg. Webb City, Mo. **23c. DATE SIGNED** 8-27-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial **24b. DATE** 8-28-54 **24c. NAME OF CEMETERY OR CREMATORY** Carterville Cemetery **24d. LOCATION** (City, town, or county) (State) Carterville, Mo.

**DATE REC'D BY LOCAL REG.** 8-29-54 **REGISTRAR'S SIGNATURE** Mrs. Madeline Sirtgen **25. FUNERAL DIRECTOR'S SIGNATURE** Johnston-Arnice Simpson **ADDRESS** Webb City, Mo.

UNLICENSED TO PRACTICE TO LICENSEE THE

RECEIVED SEP 7 1954  
Jasper County Health Office  
County File Number 54-9-255  
Date Filed SEP 7 1954

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 *Lawrence C. Prince*

Licensed Embalmer No. 4463

P. O. Address *Leet A. H. Mc*

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.