

FILED JAN 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

971

State File No.

BIRTH NO. _____ REG. DIST. NO. 135 PRIMARY REG. DIST. NO. 5497 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Harrison 1</u>			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Marion</u>		c. LENGTH OF STAY (In this place) <u>42 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Marion</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi E Ridgeway Mo 0410</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi E Ridgeway Mo</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 25 55</u>		
3. NAME OF DECEASED a. (First) <u>Ralph</u> b. (Middle) <u>Edward</u> c. (Last) <u>Tripp</u>			5. SEX <u>male</u>		
6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 8 1872</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Harrison Co. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.Sa.</u>
13a. FATHER'S NAME <u>Henry Tripp</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Allen</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Tripp</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Tripp, Ridgeway 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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> <u>3 years</u>
19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11:30</u>	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>Mar</u> , 19 <u>51</u> , to <u>Jan 23</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Jan 23</u> , 19 <u>55</u> , and that death occurred at <u>10:30 A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Letta Brewer, MD</u>		23b. ADDRESS <u>Ridgeway, Mo.</u>		23c. DATE SIGNED <u>Jan 26-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-27-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridgeway Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>1 m W. Ridgeway Mo.</u>		
DATE REC'D BY LOCAL REG. <u>JAN 26-55</u>	REGISTRAR'S SIGNATURE <u>Letta Brewer 118</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert H. Boppers, Ridgeway Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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.....

Robert R. Rogers

Licensed Embalmer No. *95-76*

P. O. Address *Ridgeway 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.