

## STANDARD CERTIFICATE OF DEATH

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **252**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>St. Joseph</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>1823 Clay St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clarence</b> b. (Middle) <b>E.</b> c. (Last) <b>Riepen</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 4, 1955</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>October 5, 1903</b>
9. AGE (In years last birthday) <b>51</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 WKS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Granite Works</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Joseph, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>H. F. Riepen</b>	
13b. MOTHER'S MAIDEN NAME <b>Rosa Marti</b>		14. NAME OF HUSBAND OR WIFE <b>Elna</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>491-10-3651</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Elna Riepen, 1823 Clay, St. Joseph, Mo.</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hepatic Coma</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Newborn laryngoesophageal voice</b> DUE TO (c) <b>Portal Cirrhosis of the liver</b> 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 <b>5810</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 <b>Feb</b> , 19 <b>49</b> , to <b>3-4</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>3-4</b> , 19 <b>55</b> , and that death occurred at <b>5:20 p. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Lucien H. Ide M.D.</b>		23b. ADDRESS <b>902 Elmwood St. Joseph, Mo.</b>	23c. DATE SIGNED <b>3-7-55</b>
24a. BURIAL OR CREMATION, REMOVAL (Specify) <b>cremation</b>	24b. DATE <b>3/7/1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
DATE REC'D BY LOCAL REG. <b>March 1, 1955</b>	REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>	485	25. FUNERAL DIRECTOR'S SIGNATURE <b>Heston Bowman</b>
		ADDRESS <b>St. Joseph, Mo.</b>	

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.....  
Signature of Student Embalmer

Signed *Richard S. Collins*

Licensed Embalmer No. 495

P. O. Address *St. Joseph*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.