

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21778**

FILED AUG 15 1955

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **684**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY OR TOWN Springfield	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 25 years		e. STREET ADDRESS (If rural, give location) 2622 West Monroe	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2622 West Monroe			

3. NAME OF DECEASED (Type or Print) a. (First) EDITH b. (Middle) TRIPP c. (Last) COONIS			4. DATE OF DEATH (Month) (Day) (Year) August 5 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 22, 1881	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Beatrice, Nebraska		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Ira Tripp		13b. MOTHER'S MAIDEN NAME Emily Ballard		14. NAME OF HUSBAND OR WIFE William J. Coonis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs A-Della Sowards Yolo, California	

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of breast, left		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) with generalized metastases rise to the above cause (a) stating the underlying cause last. 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 4/7/55		19b. MAJOR FINDINGS OF OPERATION Cancer, l. breast		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **3/31, 1955**, to **8/5, 1955**, that I last saw the deceased alive on **8/7, 1955**, and that death occurred at **2:45P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. Lubbert MD		23b. ADDRESS Springfield, Mo		23c. DATE SIGNED 8/6/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/9/55		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
24d. LOCATION (City, town, or county) (State) Springfield, Missouri					

DATE REC'D BY LOCAL REG. 8/9/55		REGISTRAR'S SIGNATURE Edith Williams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alma Schmeier, Springfield, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 22 1955

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..... *Bernard F. Wray*

Licensed Embalmer No..... *42*

P. O. Address *Spring*

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.