

FILED DEC 15 1955

STANDARD CERTIFICATE OF DEATH

State File No. **36107**
 BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **50**

1. PLACE OF DEATH a. COUNTY Butler b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff c. LENGTH OF STAY (in this place) 3 days d. FULL NAME OF HOSPITAL OR INSTITUTION Lucy Lee Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Quilin d. STREET ADDRESS (If rural, give location) City	
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3. NAME OF DECEASED (Type or Print) MARY	a. (First) MARY	b. (Middle) JANE	c. (Last) RIEPE	4. DATE OF DEATH (Month) (Day) (Year) NOV. 18, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 11, 1882	9. AGE (in years last birthday) 73	IF UNDER 1 YEAR Months 6 Days 7	IF UNDER 1 Mth. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) -- Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph Rose	13b. MOTHER'S MAIDEN NAME Hale Taylor	14. NAME OF HUSBAND OR WIFE Ed Riepe
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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. none	17. INFORMANT'S SIGNATURE OR NAME Ed Riepe, Quilin, Missouri	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism, massive INTERVAL BETWEEN ONSET AND DEATH 10 MIN. ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5500
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19a. DATE OF OPERATION 11-18-55	19b. MAJOR FINDINGS OF OPERATION Subacute Appendicitis; Intra abdominal adhesions	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11-16, 1955, to 11-18, 1955, that I last saw the deceased alive on 11-18, 1955, and that death occurred at 1 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John P. Shetter, Jr. M.D.	23b. ADDRESS Poplar Bluff, Mo	23c. DATE SIGNED 11-23-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 21, 1955	24c. NAME OF CEMETERY OR CREMATORY Brown's Chapel Cemetery, Broseley, Mo	24d. LOCATION (City, town, or county) (State) Broseley, Mo
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DATE REG'D BY LOCAL REG. 12/9/55	REGISTRAR'S SIGNATURE R. H. Muehle	25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home, Campbell, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEC 12 1955
BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Christina M. Lander*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, 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.