

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17192

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4271 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY Nodaway 0740		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) -a. STATE Missouri b. COUNTY Nodaway 0740	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Elmo		c. LENGTH OF STAY (in this place) 18 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Elmo Osteopathic		e. STREET ADDRESS (If rural, give location) 4 miles northeast	
3. NAME OF DECEASED (Type or Print) a. (First) ADA b. (Middle) ALICE c. (Last) RIPLEY		4. DATE OF DEATH (Month) (Day) (Year) 5 21 56	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 12/23/76
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	9. AGE (In years last birthday) 79
11. BIRTHPLACE (City and State or Foreign Country) Clearmont, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Martin VanBuren Gray		13b. MOTHER'S MAIDEN NAME Lucinda Ingels	14. NAME OF HUSBAND OR WIFE George E. Ripley, dec.
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 ADDRESS Sam Ripley, Clearmont, Missouri
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION Terminal I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sepsis caused by Bronchopneumonia ANTECEDENT CAUSES DUE TO (b) Carcinomatosis primary site DUE TO (c) Adenocarcinoma, unknown II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1999	
19a. DATE OF OPERATION 2/24/56		19b. MAJOR FINDINGS OF OPERATION Incarcerated abdominal hernia; biopsy revealed Adenocarcinoma, Grade III	
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) m.		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 Feb. 19 1956, to May 21, 1956, that I last saw the deceased alive on May 21, 1956, and that death occurred at 5:20 A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Donald M. Hayes D. O. 2		23b. ADDRESS Elmo, Missouri	23c. DATE SIGNED 5/22/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/23/56	24c. NAME OF CEMETERY OR CREMATORY Hazel Dell
24d. LOCATION (City, town, or county) (State) Clearmont, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.	

(Licensed Embalmers' Statement on Reverse Side)

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

0.300  
0.48

REC'D 28 NOV 1956

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..... *John W. Price*  
Licensed Embalmer No. *428*

P. O. Address *Marysville*

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.