

FILED JAN 8 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41916

State File No. \_\_\_\_\_  
Registrar's No. 263

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. 263	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (In this place) 30 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		0499	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks hospital				d. STREET ADDRESS (If rural, give location) 830 Olive St			
3. NAME OF DECEASED (Type or Print) a. (First) MINNIE		b. (Middle) T.		c. (Last) RIPPEY		4. DATE OF DEATH (Month) (Day) (Year) Dec. 24, 1956	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH July 1, 1877	
9. AGE (In years last birthday) 79		# UNDER 1 YEAR Months		# UNDER 1 YEAR Days		# UNDER 24 Hrs. Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. secretary		10b. KIND OF BUSINESS OR INDUSTRY secretarial		11. BIRTHPLACE (City and State or Foreign Country) Monticello, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Judson W. Tucker		13b. MOTHER'S MAIDEN NAME Sarah I. Fuller		14. NAME OF HUSBAND OR WIFE Charles H. Rippey			
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. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earl Tucker, E. 13th, Carthage, Mo			
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) CEREBRAL HEMORRHAGE  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS, gen DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSION  INTERVAL BETWEEN ONSET AND DEATH 18 hrs  5 yrs					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		331X			
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 7-22-52, 19___, to 12-24-56, 19___, that I last saw the deceased alive on 12-24-56, 19___, and that death occurred at 1 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Frank H. Downing (Degree or title) MD				23b. ADDRESS Carthage, Mo		23c. DATE SIGNED 12-24-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12-27-56		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Mo	
DATE REC'D BY LOCAL REG. 12-27-56		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo			

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

137-0

Jasper County Health  
County File Number 57-1-1  
Date Filed JAN 3 1957

**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 Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.