

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

711

STATE FILE NUMBER

FILED JAN 11 1957

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Jefferson City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>414 Mulberry St</u>		d. STREET ADDRESS <u>414 Mulberry St</u>	
Length of stay in hospital <u>25 years</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>MALLERY</u> Last <u>TRIPP</u>			4. DATE OF DEATH Month <u>January</u> Day <u>6th</u> Year <u>'57</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 3rd 1881</u>	9. AGE (In years last birthday) <u>75</u>	10. IF UNDER 1 YEAR Month <u>9</u> Days <u>3</u> Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (City and state or country) <u>Cole County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13. FATHER'S NAME <u>Martin Tripp</u>		
14. MOTHER'S MAIDEN NAME <u>Sara Lane</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Spanish Am War</u>		
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT <u>Mrs Wm M. Tripp Jefferson City, Mo.</u>			

18. CAUSE OF DEATH [Enter one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE-(a) <u>Cerebral hemorrhage</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>arteriosclerosis generalized</u>	
	DUE TO (c) <u>Paget's disease</u>	
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour * Month, Day, Year a. m. p. m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street/office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Jefferson City, Mo</u>	COUNTY	STATE
21. I attended the deceased from <u>Jan 3 57</u> to <u>Jan 4 57</u> and last saw her/him alive on <u>1/5/57</u> Death occurred at <u>7:30 a. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>John W. Harvey</u> (Degree or title)		22b. ADDRESS <u>Jefferson City, Mo</u>		22c. DATE SIGNED <u>1/7/57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan 9th '57</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Elston Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Elston, Missouri</u>
24. FUNERAL DIRECTOR <u>Tanner Funeral Home</u> ADDRESS <u>Jefferson City Mo</u>		25. DATE RECD. BY LOCAL REG. <u>8 January 1957</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Davis md-mr</u>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

M. S. Harvey, M.D.

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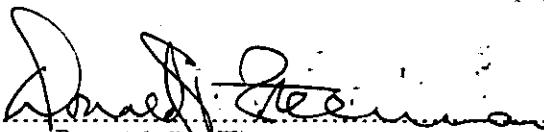
OCT 1953

REMAN 15

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   
Donald P. Freeman  
Licensed Embalmer No. .... 462  
Jefferson City  
P. O. Address... Missouri.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.