

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9449

FILED MAR 29 1957

STATE FILE NUMBER

Registration District No. 218 Primary Registration District No. 5784 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>James Boyou</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Anniston</u>		0670 0
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>10 Mi. S. E. East Prairie</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Lois Irene</u> Middle <u>Tatum</u> Last			4. DATE OF DEATH <u>March 9, 1957</u> Month Day Year		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1-27-1922</u>	9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Norfolk, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13. FATHER'S NAME <u>Thomas John Ripperdan</u>			14. MOTHER'S MAIDEN NAME <u>Blanch Parsons</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. Blanch Ripperdan, East Prairie, Mo.</u> Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gun Shot wound thru spine & Rt lung</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>ADDITIONAL FINDINGS: was shot in the Spine and Rt. Lung with pistol in hands of Mr. Morgan Tatum, At Ma. Fosters Tavern Dorena, Mo.</u> DUE TO (c) <u>Morgan Tatum, At Ma. Fosters Tavern Dorena, Mo.</u>					19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" 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. <u>7:30</u> P. M.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, factory, street, office bldg., etc.) <u>Tavern</u>	20f. CITY, TOWN, OR LOCATION <u>Dorena</u>		COUNTY <u>Mississippi</u> STATE <u>Mo</u>
21. I attended the deceased from <u>After death as Coroner</u> and last saw <u>her</u> alive on <u>him</u> Death occurred at <u>7:30 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>E. H. Hinkle</u> Coroner <u>3</u>			22b. ADDRESS <u>Charleston, Mo.</u>		22c. DATE SIGNED <u>3/14/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-11-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>W. O. W. Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>East Prairie, Missouri</u>
24. FUNERAL DIRECTOR <u>Travis Shelby</u>		ADDRESS <u>East Prairie, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-18-57</u>	26. REGISTRAR'S SIGNATURE <u>Gertude G. Harper</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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Miss. Co. Health
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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 Frank Shelby

Licensed Embalmer No. 275
P. O. Address East Prairie

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.