

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009407
State File No.

FILED APR 15 1958

BIRTH NO.

REG. DIST. NO. 115-116

PRIMARY REG. DIST. NO. 4187

Registrar's No. 120

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNION		c. LENGTH OF STAY (In this place) c. CITY OR TOWN UNION	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION AT HOME		e. STREET ADDRESS (If rural, give location) 201 N. OAK ST.	
3. NAME OF DECEASED (Type or Print) a. (First) NETTIE		b. (Middle) L.	
c. (Last) RIPPEY		4. DATE OF DEATH (Month) (Day) (Year) APRIL 10 1958	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT. 22, 1872
9. AGE (In years) (Month) (Day) 85		10. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (City and State or Foreign Country) UNION, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME MICHAEL LEITWEIN	
13b. MOTHER'S MAIDEN NAME MATHILDA CALVIN		14. NAME OF HUSBAND OR WIFE CHARLES RIPPEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	
17. INFORMANT'S SIGNATURE OR NAME MRS. MINOR MOORE		ADDRESS UNION, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral atelectasis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>fractured due to</i> DUE TO (c) <i>carcinoma of colon</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Arteriosclerotic heart disease</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		1538	
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? 2	
22. I hereby certify that I attended the deceased from 4/9, 1958, to 4/10, 1958, that I last saw the deceased alive on 4/9, 1958, and that death occurred at 5:09 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Signature of Informant)		23b. ADDRESS	
23c. DATE SIGNED 4/10/58			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 4-12-58	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) SPRINGFIELD MO.	
DATE REC'D BY LOCAL REG. 4/10/58		REGISTRAR'S SIGNATURE	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
E. F. Oltmanns		Union Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 8 1958

MAY 22 1958

MAY 22 1958

JUN 10 1958

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..... E. F. Olthmann

Licensed Embalmer No. 168

P. O. Address Union

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.