

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047313

STATE FILE NUMBER

Registration District No. 379 Primary Registration District No. 4353 Registrar's No. 3

FILED JAN 23 1959

1. PLACE OF DEATH
a. COUNTY Wright

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY Wright

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MANSfield Inside Limits Yes No

c. CITY OR TOWN MANSfield 1140 Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Length of stay in lb _____

d. STREET ADDRESS _____ (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last VERNER K. Rippee

4. DATE OF DEATH Month Day Year 12 30 58

5. SEX M 6. COLOR OR RACE W 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH AUG. 20, 1889 9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months Days Hours Min. _____ IF UNDER 24 HRS. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GROCERYMAN 10b. KIND OF BUSINESS OR INDUSTRY GROCERY 11. BIRTHPLACE (City and state or country) Wright County Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN 13b. MOTHER'S MAIDEN NAME DORA Rippee 14. NAME OF HUSBAND OR WIFE PEARL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI 16. SOCIAL SECURITY NO. 499-03-4960 17. INFORMANT Address PEARL Rippee MANSfield Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute coronary occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic heart disease
DUE TO (c) _____
INTERVAL BETWEEN ONSET AND DEATH 7 or 8 yrs.
9 years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200 19. WAS AUTOPSY PERFORMED? YES NO 2

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m. _____

20d. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION COUNTY STATE _____

21. I attended the deceased from 2-23-50 to 12-30-58 and last saw him alive on _____
Death occurred at 8:05 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. S. [Signature] (Name or title) M.D. 22b. ADDRESS 609 Cherry-Springfield, Mo. 22c. DATE SIGNED 1-15-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE JAN. 1, 1959 23c. NAME OF CEMETERY OR CREMATORY MANSfield 23d. LOCATION (City, town, or county) (State) MANSfield MO.

24. FUNERAL DIRECTOR Max S. Miller ADDRESS Mansfield Mo. 25. DATE RECD. BY LOCAL REG. 1-16-59 26. REGISTRAR'S SIGNATURE [Signature]

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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1-57

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JAN 8 3 1959

MAR 26 1959

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 Max S. Miller

Licensed Embalmer No. 4720

P. O. Address Manfield

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.

Date Filed 1-19-1959