

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022159

STATE FILE NUMBER

FILED JUL 7 1959 Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 37

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY MADISON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY MADISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) FREDERICKTOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN FREDERICKTOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 210
3. NAME OF DECEASED (Type or print) JOHN - PINKNOY - TRIPP		First Middle Last	4. DATE OF DEATH 6-25-1959
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-24-1885
9a. USUAL OCCUPATION (Give kind of work done during most of the year) FARMER		9b. KIND OF BUSINESS OR INDUSTRY ROBBERY	9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of the year) FARMER		10b. KIND OF BUSINESS OR INDUSTRY ROBBERY	11. BIRTHPLACE (City and state or country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME ELIJAH TRIPP	13b. MOTHER'S MAIDEN NAME SARAH WHITENAR
14. NAME OF HUSBAND OR WIFE IDA M TRIPP (DAG)		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
17. INFORMANT ORLA TRIPP		Address MARYLAND	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured gastric ulcer Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Congestive heart failure DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 3 days 1 week
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.) 5400	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 6-22-59 , to 6-25-59 and last saw him alive on 6-24-59 Death occurred at 2:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) E. W. DeLeon		22b. ADDRESS Fredericktown	22c. DATE SIGNED 6-25-59
23a. BURIAL, CREMATION, REMOVAL (Specify) DEPTAL	23b. DATE 6/26/59	23c. NAME OF CEMETERY OR CREMATORY YOUNG COM	23d. LOCATION (City, town, or county) (State) MADISON MO
24. FUNERAL DIRECTOR Edman Mayhew		25. DATE RECD. BY LOCAL REG. 6-29-1959	26. REGISTRAR'S SIGNATURE Florence Hicker

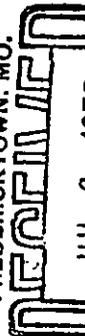
(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

WADSWORTH COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



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 *Raymond B. Wilson*

Licensed Embalmer No. *4884*

P. O. Address. *Fredarcton*

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.