

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024837

FILED VS AUG 1 0 1959

Registration District No. 728 Primary Registration District No. 2000 Registrar's No. 833

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Greene.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Missouri		Length of stay in 1b 30 min.	c. CITY OR TOWN Richland, Missouri
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Hospital.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) None.
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Myrtle Middle Ma Last Trippe.			4. DATE OF DEATH Month August Day 3, Year 1959		
--	--	--	--	--	--

5. SEX Female	6. COLOR OR RACE White.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/21/1886	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
-------------------------	-----------------------------------	---	---------------------------------------	-------------------------------------	--------------------------------	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.	10b. KIND OF BUSINESS OR INDUSTRY None.	11. BIRTHPLACE (City and state or country) Iberia, Missouri	12. CITIZEN OF WHAT COUNTRY USA
--	---	---	---

13a. FATHER'S NAME John L. Irwin.	13b. MOTHER'S MAIDEN NAME Nancy Ann Hopkins.	14. NAME OF HUSBAND OR WIFE J. H. Trippe.
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown.	17. INFORMANT Mr. J.H. Trippe Address Richland, 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 1 hour		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 8:05 p.m. Month, Day, Year 8-3-59

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 Richland, Missouri	COUNTY Pulaski	STATE Missouri
--	--	---	--------------------------	--------------------------

21. I attended the deceased from **8-3-59** to **8-3-59** and last saw her alive on **8-3-59**
Death occurred at **8:05 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. H. Myers (Degree or title) D.O.	22b. ADDRESS Richland, Missouri	22c. DATE SIGNED 8/4/59
--	---	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/6/59	23c. NAME OF CEMETERY OR CREMATORY Iberia City Cemetary	23d. LOCATION (City, town, or county) (State) Iberia, Missouri
--	----------------------------	---	--

24. FUNERAL DIRECTOR Hedges Funeral Home Richland, Mo	25. DATE RECD. BY LOCAL REG. 8-7-59	26. REGISTRAR'S SIGNATURE Effie S. Meeton
---	---	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 11 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 _____ or by _____ Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lawrence E. Moore

Licensed Embalmer No. **4896.**

P. O. Address **Waynesville**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.