URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 28 1960

60-010361

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 105

ENDED

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City Mo. — Length of stay in 1b 25 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 127 E. High — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole
c. CITY OR TOWN Jefferson City, Mo. — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 127 E. High — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Orieon Middle Dalton Last Rippeto
4. DATE OF DEATH Month March Day 24 Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH July 8, 1896
9. AGE (last birthday) 63 — 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) Restaurant-Work
10b. KIND OF BUSINESS OR INDUSTRY Restaurant-Work
11. BIRTHPLACE (City and state or country) Boone Co. Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Orville Rippeto
13b. MOTHER'S MAIDEN NAME Maggie Easley
14. NAME OF HUSBAND OR WIFE Dcsd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) War I
16. SOCIAL SECURITY NO. 490-10-1386
17. INFORMANT W. F. Rippeto Address Hartsburg, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Natural causes - Exact Cause Unknown — Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) (Body found March 24 - about 9 AM -- probably died after 9 PM
DUE TO (c) March 23rd - when Landlord had spoken with him)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Man died unattended. Had been in ill health with flu & cold for several days. Investigation revealed death due to natural causes.
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) Home
20f. CITY, TOWN, OR LOCATION Jefferson City — COUNTY Cole — STATE Mo.

21. I attended the deceased from Body Found March 24 - 1960 - he was dressed. Death occurred at possibly 23rd March - 9 PM past on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Aletusa Dolb, Coroner - Cole County
22b. ADDRESS Jefferson City, Mo. 1436 Green Berry Rd.
22c. DATE SIGNED 3/25/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE March 26, 1960
23c. NAME OF CEMETERY OR CREMATORY Goshen Cemetery
23d. LOCATION (City, town, or county) Hartsburg (State) Mo.

24. FUNERAL DIRECTOR Wm C. Burnett ADDRESS Ashland, Mo.
25. DATE RECD. BY LOCAL REG. 25 March 1960
26. REGISTRAR'S SIGNATURE R.P. Dorris Mo - N Richter Del.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JUL 12 1960

VS FEB 21 1962

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 _____ Signed Wm C. Burnett
Signature of Student Embalmer

Licensed Embalmer No. 3567

P. O. Address Rockland Me

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