

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-047218

FILED VS JAN 3 1961

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 511

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u>		Length of stay in 1b <u>2 hours</u>	c. CITY OR TOWN <u>Fredericktown</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>409 E. Marvin</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Dollie Ethel Tripp</u>			4. DATE OF DEATH Month Day Year <u>December 25, 1960</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 27, 1892</u>	9. AGE (last birthday) <u>68</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Washington County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>George Cash</u>		13b. MOTHER'S MAIDEN NAME <u>Joanna Scott</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. Edward Tripp (Deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Mrs. Betty McDaniel - Fredericktown, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive subdural hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>
DUE TO (b) <u>Fracture occipital bone of skull</u>			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Fell down basement stairs</u>	
20c. TIME OF INJURY <u>4:00</u>	Hour Month, Day, Year <u>12/25/60</u>	St. Francois County Coroner notified.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home of brother</u>	20f. CITY, TOWN, OR LOCATION <u>Bonne Terre, St. Francois Co - Mo.</u>	COUNTY STATE
21. I attended the deceased from <u>12-25-60</u> to <u>12-25-60</u> and last saw her alive on <u>12-25-60</u> Death occurred at <u>7:35 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>M. J. Haw, J. M. D.</u>		22b. ADDRESS <u>Bonne Terre, Mo.</u>		22c. DATE SIGNED <u>12-27-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-28-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Snowdenville Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Madison County, Missouri</u>	
24. FUNERAL DIRECTOR <u>A. J. Dawson</u>		ADDRESS <u>Fredericktown, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Dec. 28, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Raymond B. Wilson

Licensed Embalmer No. 4884

P. O. Address Frederick

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