

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038946
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 736

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 28 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>COLE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b <u>2 days</u>	c. CITY OR TOWN <u>JEFFERSON CITY</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>UNIVERSITY OF MO MEDICAL CENTER</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>ROUTE 5</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>CARL - FRANKLIN - TRIPPENSEE</u>			4. DATE OF DEATH Month Day Year <u>10 - 24 - 63</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-7-14</u>
9. AGE (last birthday) <u>49</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Banker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Vice-president of Bank</u>
11. BIRTHPLACE (City and state or country) <u>JEFFERSON CITY - MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>HENRY TRIPPENSEE</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa SWILLUM</u>	
14. NAME OF HUSBAND OR WIFE <u>MARGARET TRIPPENSEE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>HAS</u> <u>US ARMY</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>UNIVERSITY MEDICAL CENTER</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Intracerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) <u>Hypertension and anemia</u> DUE TO (c) <u>Polycystic Kidney Disease</u>			INTERVAL BETWEEN ONSET AND DEATH
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 a.m. p.m. Month, Day, Year	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	COUNTY STATE
21. I attended the deceased from <u>Oct 22, 1963</u> to <u>Oct 24, 1963</u> and last saw <u>him</u> alive on <u>Oct 24, 1963</u> Death occurred at <u>11:10 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>George S. Pugh M.D.</u>		22b. ADDRESS <u>79 East Olive, Columbia, Mo</u>	22c. DATE SIGNED <u>10/24/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-26-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo</u>
24. FUNERAL DIRECTOR <u>Freeman Mortuary Jefferson City Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Oct 24, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>

(Licensed Embalmer's Statement on Reverse Side)

10-10-66

OCT 30 1966

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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 _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.