

FILED OCT 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33363

State File No. \_\_\_\_\_

Registrar's No. 232

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		State File No. _____		Registrar's No. <u>232</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>				c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>High &amp; Benton St</u>				d. STREET ADDRESS (If rural, give location) <u>1173 Jefferson City, Mo.</u>					
3. NAME OF DECEASED (Type or Print) <u>Edgar Clyde Tripp</u>				a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>Oct. 19, 1949</u>				5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Divorced</u>	
8. DATE OF BIRTH <u>Dec. 7 1899</u>				9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>12</u>		IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cab Driver</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>City Cab Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Elston Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>Edgar Tripp</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Connell</u>		14. NAME OF HUSBAND OR WIFE <u>Unk</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>490-09-8197</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Carl Snellen Jefferson City Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shot gun wound</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tuberculosis</u> DUE TO (c) <u>Worry &amp; Mental Anguish</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Jeff City</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jefferson City Mo Cole Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>18</u>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Shot</u>			
22. I hereby certify that I attended the deceased from <u>Dec 19, 1949</u> , that I last saw the deceased alive on <u>Dec 19, 1949</u> , and that death occurred at <u>Unk</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr. Leslie M.D. Conner</u>				23b. ADDRESS <u>Jefferson City Mo</u>				23c. DATE SIGNED <u>10-20-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>10-21-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elston Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Elston, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 20-1949</u>				REGISTRAR'S SIGNATURE <u>R.P. Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Victor Buecher Jefferson City Mo</u>			

RECEIVED  
OCT 24 1949  
District Health Officer No. 9,  
District File Number

### 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 \_\_\_\_\_

working under my personal supervision \_\_\_\_\_, Student Embalmer No. 3 315  
*Aug. C. Shelton*  
Student *Bill Branson*  
Student Embalmer

Signed *Victor Buescher*

Licensed Embalmer No. 3701

P. O. Address *Jefferson City, Mo.*

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 this body is not embalmed, fact should be so stated above.