

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. 77

PRIMARY REG. DIST. NO. 3016

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (In this place) 2 yrs	
d. FULL NAME (If not deceased, give name, address, or location) HOSPITAL OR INSTITUTION High & Benton St		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	
3. NAME OF DECEASED (Type or Print) Edgar Clyde Tripp		d. STREET ADDRESS (If rural, give location) 1173 Jefferson City, Mo.	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	4. DATE OF DEATH (Month) (Day) (Year) Oct. 19, 1949
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cab Driver		10b. KIND OF BUSINESS OR INDUSTRY City Cab Co.	9. AGE (In years last birthday) 49
13a. FATHER'S NAME Edgar Tripp		13b. MOTHER'S MAIDEN NAME Lucy Connell	14. NAME OF HUSBAND OR WIFE Unk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 490-09-8197	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Carl Snellen Jefferson City Mo
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, asthenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shot gun wound</u> MEDICAL CERTIFICATION DUE TO (b) <u>Tuberculosis</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Worry & Mental Anguish</u> E976-X			
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 Suicide	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Jeff City	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jefferson City Mo. City Mo.
21d. TIME OF INJURY 10	(Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 19-49
22. I hereby certify that I attended the deceased from <u>Death M. S. Hospital</u> , 1949, that I last saw the deceased alive on <u>Sept 20 1949</u> , and the death occurred at <u>Unknown</u> , from the causes and on the date stated above.			
23a. SIGNATURE J. Leslie M. Conner	(Degree or title)	23b. ADDRESS Jefferson City Mo	23c. DATE SIGNED 10-20-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-21-49	24c. NAME OF CEMETERY OR CREMATORIUM Elston Cemetery	24d. LOCATION (City, town, or county) (State) Elston, Mo.
DATE REC'D BY LOCAL REG. Oct 20 1949	REGISTRAR'S SIGNATURE R. P. Morris M.D. M.R.C.P.	25. FUNERAL DIRECTOR'S SIGNATURE Victor Buescher	ADDRESS Jefferson City Mo.

District File Number _____
District Health Officer No. 9,
RECEIVED OCT 24 1919

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
Loyd A. Shelton
Student Embalmer No. 3 315
Bill Blasen
Student Embalmer

Signed _____

Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.