

FILED JAN 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

617

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 11

1. PLACE OF DEATH

a. COUNTY Coleb. CITY (If outside corporate limits, write RURAL and give township)
Jefferson Cityc. LENGTH OF STAY (In this place)
10 yrsd. FULL NAME OF HOSPITAL OR INSTITUTION
712nd Jefferson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missourib. COUNTY Colec. CITY (If outside corporate limits, write RURAL and give township)
Jefferson Cityd. STREET ADDRESS (If rural, give location)
712nd Jefferson

3. NAME OF DECEASED

a. (First)

b. (Middle)

c. (Last)

d. DATE

(Month)

(Day)

(Year)

(Type or Print)

Bruxie LeeRippeto712nd JeffersonJan 15 195132123151951

5. SEX

6. COLOR OR RACE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. MONTHS

11. DAYS

12. IF UNDER 14 HRS.

FemaleWhiteMarriedNov 22 1898321231510a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)10b. KIND OF BUSINESS OR INDUSTRY11. BIRTHPLACE (State or foreign country)12. CITIZEN OF WHAT COUNTRY?HouseworkAt homeBoone County, Mo.U.S.A.

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

William SappEva HamOrion T. Rippeto15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If report, give dates of service)16. SOCIAL SECURITY NO.17. INFORMANT'S SIGNATURE OR NAME ADDRESSNoNoOrion T. Rippeto - 712nd Jefferson

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

(a)

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

HemorrhageAntecedent causesDue to (b)Asphyxiation5 777x*This does not mean the mode of dying, such as heart failure, asphyxiation, etc. It means the disease, injury, or complication which caused death.Antecedent causesDue to (b)Asphyxiation5 777x

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

SuicideHomeJeff CityColeMO

21d. TIME OF INJURY

(Month)

(Day)

(Year)

(Hour)

(Minute)

21e. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

1-15-511Pm.Self-inflictedSelf-inflictedSelf-inflictedSelf-inflictedSelf-inflictedSelf-inflictedSelf-inflictedSelf-inflictedSelf-inflictedSelf-inflictedSelf-inflictedSelf-inflictedSelf-inflictedSelf-inflictedSelf-inflicted22. I hereby certify that I attended the deceased from Dead, under medical supervision, that I last saw the deceased alive on, 1951, and that death occurred at 1P m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

J. L. Loeble M.D. CoronerJeff City Mo1-16-51

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

BurialJan. 17/1951LoshenLoshenMo.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Jan. 16-1951R.P. Davis MD-DR. 68James Davis - 700 JeffersonJefferson

RECEIVED 1-22-57
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed _____ 1-22-57

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.

Signed _____

J. H. Anderson

Signed
Student Embalmer

Licensed Embalmer No. 23641

P. O. Address Genoa

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.