

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32822
Do not use this space.

REC'D OCT 12 1939

1. PLACE OF DEATH

(a) County Laurens Registration District No. 475
(b) Township Springfield Primary Registration District No. 5639
(c) City or Verona, Mo. (d) Street No. Verona General Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

1012
Glenard Joseph Dripta
(a) Residence, No. Verona, Mo. Route 1 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Glenard J. Dripta</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 16, 1914</u>		
7. AGE	YEARS <u>25</u>	MONTHS <u>8</u>
	DAYS <u>18</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc.	<u>Farmer</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Laurens County Missouri</u>		
FATHER	13. NAME	<u>Albert Dripta</u> 0
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Germany</u> 6
MOTHER	15. MAIDEN NAME	<u>Barbara Karfa</u> 0
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Laurens County Missouri</u>
17. INFORMANT (ADDRESS) <u>Albert Dripta, Verona, Mo. Route 1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Canby</u> DATE <u>Sept 5, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Peegut March, Mrs., Verona, Mo.</u>		
20. FILED <u>1015</u> , 19 <u>39</u> <u>A. J. Rudig</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 29, 1939, to Sept. 3, 1939
I last saw him alive on September 3, 1939. Death is said to have occurred on the date stated above, at 3:15 p.m.
The principal cause of death and related causes of importance were as follows:
Cardiac Failure
Embolism
Thrombus in aneurysm of a small blood artery
Date of onset Sept. 3

Other contributory causes of importance:
Appendectomy 12/1

Name of operation Appendectomy Date of Aug. 29
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) F. Avery Watson, D.O.
(Address) Verona General Hospital, Verona, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 1039-2006

Date Filed OCT 6 1939

APR 8 1949

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 Myself

....., Registered Apprentice No.

working under my personal supervision.

Signed

Oscar L. Marsh

Licensed Embalmer No.

3812

P. O. Address

Tuscola, 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, above space should be left blank.