

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30685**

BIRTH NO. 102339-51 REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3093 Registrar's No. 545

532
0

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Laclede</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEBANON</u> | c. LENGTH OF STAY (In this place) <u>5 days</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldridge</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Donna Sue</u> b. (Middle) <u>Ripley</u> c. (Last) <u>Ripley</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 18 1951</u> | | |
|---|--|--|--|--|--|

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|----------------------|-------------------------------|---|--|--|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>Sept. 13, 1951</u> | | 9. AGE (In years last birthday) Months <u>0</u> Days <u>5</u> Hours <u>0</u> Min. <u>0</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | | 11. BIRTHPLACE (State or foreign country) <u>Mo 0</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
|---|--|---|--|---|--|---|--|

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|---------------------------------------|--|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Dale Ripley</u> | | 13b. MOTHER'S MAIDEN NAME <u>Marie Moore</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | | | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Albert Moore</u> | | ADDRESS <u>Eldridge</u> | |
|--|--|-------------------------------------|--|---|--|-------------------------|--|

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular Heart Disease (mitral)</u> | | ANTECEDENT CAUSES <u>DUE TO (b) Congenital</u> | | <u>7544</u> | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (a) | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|------------------------|--|----------------------------------|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
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| 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) | |
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| 21d. TIME OF INJURY (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? | | | |
|--|--|--|--|----------------------------|--|--|--|

22. I hereby certify that I attended the deceased from 9-13, 1951, to 9-18, 1951, that I last saw the deceased alive on 9-16, 1951, and that death occurred at 7:30 P. M., from the causes and on the date stated above.

| | | | | | |
|--|--|--------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE <u>J. Guinness M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Lebanon Mo</u> | | 23c. DATE SIGNED <u>10-2-51</u> | |
|--|--|--------------------------------|--|---------------------------------|--|

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|---|---------------------------------|---|---|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>Sept. 20, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Hufft</u> | 24d. LOCATION (City, town, or county) (State) <u>Laclede MO</u> | | |
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| DATE REC'D BY LOCAL REG. <u>10-3-1951</u> | REGISTRAR'S SIGNATURE <u>Hella L. Hays</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Gabner Lebanon Mo</u> ADDRESS | | |
|---|--|--|---|--|--|

Received Aug 6 1951

Laclede County Health Unit

File No. 10-51-139

Date Filed OCT 9 1951

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.B. Palmer

Signed.....
Student Embalmer

Licensed Embalmer No. 4511

P. O. Address Lebanon, 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.