

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16926

State File No.

480
02

MAY 27 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>150</u>	PRIMARY REG. DIST. NO. <u>5572</u>	Registrar's No. <u>80</u>
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>		
b. CITY OR TOWN <u>Prarie Twp Rural</u>		c. CITY OR TOWN <u>Rural - Prarie Twp 0400</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson Emergency Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>Jackson Co Home</u>		
3. NAME OF DECEASED (Type or Print) <u>DAVID</u>		a. (First) _____	y. (Middle) _____	c. (Last) <u>RIEPE</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>6-28-1875</u>	9. AGE (In years last birthday) <u>76</u>
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 _____		11. BIRTHPLACE (State or foreign country) <u>Laconado Co Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Unknown</u>		
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Lavinia Riepe</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records Jackson Co Home</u> ADDRESS <u>Indep</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SS 494-12 (615) Cause of death unknown</u>		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.		ANTECEDENT CAUSES		
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b) _____		
		DUE TO (c) _____		
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 <u>no post permit 7955</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Lucas A. Owens</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>1034 Pinalto Blvd</u>		23c. DATE SIGNED <u>5-12-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5/14/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary</u>
24d. LOCATION (City, town, or county) (State) <u>Kansas City Kan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Langford</u> ADDRESS <u>Leis Summit Mo</u>		
DATE RECD BY LOCAL REG. <u>5/13/52</u>		REGISTRAR'S SIGNATURE <u>David C. Emswold</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Langford</u> ADDRESS <u>Leis Summit Mo</u>

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.....

W. O. Langford

Signed.....

Student Embalmer

Licensed Embalmer No. *3833*

P. O. Address *Lee's Summit 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.