

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5102**
Registrar's No. **707**

FILED MAR 15 1954

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City	c. LENGTH OF STAY (in this place) 12 yrs	c. CITY OR TOWN Kansas City	Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 5216 N. Kedge		STREET ADDRESS (If rural, give location) 5216 N. Kedge 3078	

3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) MILLER c. (Last) TRIPP			4. DATE OF DEATH (Month) (Day) (Year) Feb - 11 - 1954		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 19 - 1897	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months - Days -	IF UNDER 24 HRS. Hours - Min. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Self.	11. BIRTHPLACE (City and State or Foreign Country) Council Grove, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Tripp		13b. MOTHER'S MAIDEN NAME Kathryn Dyer		13c. NAME OF HUSBAND OR WIFE Myrtle A. Tripp	
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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) No	16. SOCIAL SECURITY NO. 486-12-6234	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Wilma Mathis 445 S. Bellvue St. E. Mo.			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Left heart strain DUE TO (c) arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 1 day 6 mo. 1-2 yrs.
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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Jackson, Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 11, 1954 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall down stairs (coroner called before removal)
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22. I hereby certify that I attended the deceased from **Jan. 4, 1953**, to **Nov. 17, 1953**, that I last saw the deceased alive on **Nov. 17, 1953**, and that death occurred at **5 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Glenn W. Springer (Degree or title) D.O.		23b. ADDRESS 5902 St. John ave. Kansas City, Mo.	23c. DATE SIGNED 2-12-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 15 - 1954	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem.	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. 2-13-54	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.H. Blackman & Son Inc. 15. E., Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

10. 300
0.48

Dec 31 1958

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Best B. Bennett*

Licensed Embalmer No. *469*

P. O. Address *Kansas*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.