

FILED OCT 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33760

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>4234</u>		Registrar's No. <u>51</u>							
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> <u>Iron</u> COUNTY									
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Ironton</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ironton</u>		d. STREET ADDRESS (If rural, give location) <u>0420</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location)									
3. NAME OF DECEASED (Type or Print)			a. (First) <u>MELVIN</u>			b. (Middle) <u>CLARENCE</u>							
			c. (Last) <u>TRIPP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 19 1954</u>							
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 7 1908</u>		9. AGE (In years last birthday) <u>46</u>		10. UNDER 1 YEAR <u>4</u> Months <u>12</u> Days		11. UNDER 12 HOURS <u>12</u> Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <u>Hogan Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Tripp</u>				13b. MOTHER'S MAIDEN NAME <u>Fronia Smith</u>				14. NAME OF HUSBAND OR WIFE <u>Eleanor Johnson Tripp</u>					
13. 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.				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eleanor Tripp, Ironton Mo.</u>				ADDRESS	
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) <u>Pulmonary embolism</u> ANTECEDENT CAUSES <u>Cerebral embolism</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Chronic endocarditis</u> DUE TO (b) <u>Cerebral embolism</u> DUE TO (c) <u>Chronic endocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>6 hours</u> <u>25 years</u>	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>4214</u>								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				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 <u>10-19</u> , 19 <u>54</u> , to <u>10-19</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10-19</u> , 19 <u>54</u> , and that death occurred at <u>11:15</u> p.m., from the causes and on the date stated above.													
23a. SIGNATURE <u>Ben M. Bull</u> (Degree or title) <u>M.D.</u>						23b. ADDRESS <u>Ironton, Mo.</u>			23c. DATE SIGNED <u>10-21-54</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>			24b. DATE <u>10-24-54</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Pilot Knob Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Pilot Knob Mo.</u>				
DATE REC'D BY LOCAL REG. <u>10-23-54</u>			REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u> <u>128</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Garrel J. White</u>			ADDRESS <u>White Funeral Home Ironton Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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

Student Embalmer

Signed *Lucy White*

Licensed Embalmer No. *3012*

P. O. Address *Gretna, 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.