

No. 300
0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26431

State File No.

FILED SEP 7 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3712

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City	c. LENGTH OF STAY (In this place) 3 Months	c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION Norwood Nursing Home		STREET ADDRESS (If rural, give location) 3241 Jackson	

3. NAME OF DECEASED (Type or Print) a. (First) HALLIE b. (Middle) B. c. (Last) REIPLINGER Reiplinger			4. DATE OF DEATH (Month) (Day) (Year) August 24, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June May 12, 1886	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Retired Teacher	11. BIRTHPLACE (City and State or Foreign Country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Joseph O'Neal	13b. MOTHER'S MAIDEN NAME Minnie Turner	14. NAME OF HUSBAND OR WIFE Oliver M. Reiplinger
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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. 491-28-6789	17. INFORMANT'S SIGNATURE OR NAME B. Brandon	ADDRESS Mrs. Ruth Brandon 7407 Forest, K. C. Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) CA of Cervix & Cervical Intestine		INTERVAL BETWEEN ONSET AND DEATH 171X
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CA of Cervix & Cervical Intestine		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 8-20-55		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

19b. MAJOR FINDINGS OF OPERATION None	21a. 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 Mo.
21b. 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 8-20-55, 1955, to 8-24, 1955, that I last saw the deceased alive on 8-23, 1955, and that death occurred at 8:30 A m., from the causes and on the date stated above.

23a. SIGNATURE J. Schwab	(Degree or title) D.O.	23b. ADDRESS Grandview Mo	23c. DATE SIGNED 8-24-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-24-1955	24c. NAME OF CEMETERY OR CREMATORY —	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. 8-24-55	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE Freeman Mortuary	ADDRESS Kansas City, Mo.
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(Licensed Emballer's Statement on Reverse Side)

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

can be by all

6315
J.R.

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 *Walter H. Erwin*

Licensed Embalmer No. *433*

P. O. Address *H. C. V.*

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.