

Health, Welfare
Public
Service

FILED OCT 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 30795

Registration District No. 30 Primary Registration District No. 5102 Registrar's No. 4042

1. PLACE OF DEATH a. COUNTY Benton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fristoe ^{Rural} Twp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Fristoe
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b years	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last EDWARD EVERETT TRIPPE			4. DATE OF DEATH Month Day Year Oct 1 1957		
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 4, 1874	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min. 1 27	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REAL STATE & Postmaster	10b. KIND OF BUSINESS OR INDUSTRY Wilson Co, Kansas	11. BIRTHPLACE (City and state or country) U. S. A	12. CITIZEN OF WHAT COUNTRY? U. S. A
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13a. FATHER'S NAME John Trippe	13b. MOTHER'S MAIDEN NAME Sarah Ann Jones	14. NAME OF HUSBAND OR WIFE Bessie L. Trippe
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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. None	17. INFORMANT Bessie L. Trippe	Address Fristoe, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral accident		INTERVAL BETWEEN ONSET AND DEATH 1 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 1955 to 10/1/57 and last saw him alive on Sept 25 57 Death occurred at 5:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Debate or title)	22b. ADDRESS 6247 Brookside Blvd	22c. DATE SIGNED 10/4/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct 4, 1957	23c. NAME OF CEMETERY OR CREMATORY Fristoe Cemetery	23d. LOCATION (City, town, or county) (State) Fristoe Benton Co. Mo
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24. FUNERAL DIRECTOR Reser Funeral Home Warsaw	ADDRESS	25. DATE RECD. BY LOCAL REG. Oct 4 1957	26. REGISTRAR'S SIGNATURE Jas. A. Logan
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

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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 *John J. Reser*

Licensed Embalmer No. *4098*

P. O. Address *Warsaw*

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.