V.S. No. 300
Rev. 10-48

FILED DEC 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44905

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4262 Registrar's No. 68

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

1. PLACE OF DEATH
a. COUNTY: Knox
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Knox City
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Knox
c. CITY OR TOWN: Knox City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 0520

3. NAME OF DECEASED (Type or Print)
a. (First): EVA
b. (Middle): LEE
c. (Last): TRIPP

4. DATE OF DEATH (Month) (Day) (Year): Dec 8, 1957

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept 11, 1879
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and State or Foreign Country): Knox City, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JAMES M. JETT
13b. MOTHER'S MAIDEN NAME: AMAMDA A. CARNEY
14. NAME OF HUSBAND OR WIFE: George E. Tripp

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'S SIGNATURE OR NAME: George E. Tripp — ADDRESS: Knox City, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 15 years
DUE TO (c): Arteriosclerosis — ?

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: 331X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1945 *to* Dec 8, 1957 *that I last saw the deceased alive on* Dec 7, 1957 *and that death occurred at* 12:30 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Waldo B. Isom MD
23b. ADDRESS: Knox City Mo
23c. DATE SIGNED: 12/11/57

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10, Dec '57
24c. NAME OF CEMETERY OR CREMATORY: Knox City Cemetery
24d. LOCATION (City, town, or county) (State): Knox City, Missouri

DATE REC'D BY LOCAL REG.: Dec. 12
REGISTRAR'S SIGNATURE: Nelle S. Hunolt
25. FUNERAL DIRECTOR'S SIGNATURE: A. G. Rimer — ADDRESS: Edina, Mo

(Licensed Embalmer's Statement on Reverse Side)

1510

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

~~by me~~, or by A. S. Rimu, Student Embalmer No. 544

working under my personal supervision..

Student A S Rimu
Signature of Student Embalmer

Signed Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.