

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004928
STATE FILE NUMBER

FILED MAR 11 1959

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Jefferson City</u> ²⁶⁴
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Schott Road</u>		Length of stay in 1b	d. STREET ADDRESS <u>Schott Road</u> (If outside, give location)
			Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Samuel</u> Last <u>Rippeto</u>			4. DATE OF DEATH Month <u>March</u> Day <u>9</u> Year <u>1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>December 31-1856</u>		9. AGE (In years last birthday) <u>102</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Missouri-Ashland</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>John Rippeto</u>			14. MOTHER'S MAIDEN NAME <u>Matilda Sapp</u>		
15. 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. <u>-</u>	17. INFORMANT <u>Mrs Nora Forbis - Schott Road Jefferson City Missouri</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Urosepsis</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Prostatic Hypertrophy</u>	
	DUE TO (c) <u>Incontinence & Debilitation</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>610X</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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.)		
20c. TIME OF INJURY Hour <u>10:25</u> Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY	STATE

21. I attended the deceased from Jan 1-59 to March 5 and last saw him alive on March 5
Death occurred at 10:25 P m on the date stated above; and to the best of my knowledge, from the causes stated.

SIGNATURE <u>Eugene E. Parker</u> (Type or print)		22b. ADDRESS <u>Jefferson City Mo</u>	22c. DATE SIGNED <u>March 10</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>March 11, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Coshen Cemetery</u>	23d. LOCATION (City, town or county) (State) <u>Boone Co Missouri</u>
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24. FUNERAL DIRECTOR <u>Wm Burnett Ashland Mo</u>	25. DATE RECD. BY LOCAL REG. <u>10 March 1959</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Norris, Md - MR</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Diseases in Part 1 must be causally related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Wm C Burnett*

Licensed Embalmer No. *32*

P. O. Address *Ashland*

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