

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012132

FILED VS MAR 25 1960 290 Primary Registration District No. 4427 Registrar's No. 35

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pulaská		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaská	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville		c. CITY OR TOWN Waynesville	
Length of stay in 1b 5 years		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home in Waynesville		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Hughey Enoch Rippee			4. DATE OF DEATH Month March Day 9 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/26/1910	9. AGE (last birthday) 50	IF UNDER 1 YEAR Months 12 Days 12 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cab Company		10b. KIND OF BUSINESS OR INDUSTRY Taxie Cab Company		11. BIRTHPLACE (City and state or country) Wright County, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME William Rippee		13b. MOTHER'S MAIDEN NAME Judy Wimberly	
14. NAME OF HUSBAND OR WIFE Eva Lois Rippee		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. 572-01-2175	
17. INFORMANT Zula Carriger		Address Waynesville, Mo.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hrs.
IMMEDIATE CAUSE (a) Uremia			
DUE TO (b) Metastatic Carcinoma Liver			
DUE TO (c)			2 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 8 a.m. 00 p.m.	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 **not five years** and last saw **her** alive on **3-9-60**
Death occurred at **3-9-60** **7:00** **A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Z. E. Rippee (Degree or title)		22b. ADDRESS Waynesville Mo.		22c. DATE SIGNED 3-9-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/13/1960	23c. NAME OF CEMETERY OR CREMATORY Steele Memorial Cemetery	23d. LOCATION (City, town, or county) (State) Hartsville Mo.	
24. FUNERAL DIRECTOR John Simpson Habaluk		25. DATE RECD. BY LOCAL REG. 3-9-60	26. REGISTRAR'S SIGNATURE Zula Carriger	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS NOV 21 1960

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Warren C. Simpson

Licensed Embalmer No. 507

P. O. Address Harbville

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