

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008081

STATE FILE NUMBER

Registration District No. 76 Primary Registration District No. 3015 Registrar's No. 23

FILED MAR 20 1961

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Daviness	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cameron		c. CITY OR TOWN Cameron	
Length of stay in 1b Min.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cameron Comm. Hosp.		d. STREET ADDRESS (If outside, give location) R.R.#2-7mi.No.Cameron	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ABBIE GLADYS TRIPP			4. DATE OF DEATH Month Day Year Mar. 4, 1961
5. SEX F	6. COLOR OR RACE Cauc.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-4-1904
9. AGE (last birthday) 56		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR 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 Home	11. BIRTHPLACE (City and state or country) Alcester, So. Dakota U.S.A.
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME Edward Goodman	
13b. MOTHER'S MAIDEN NAME Ida Heastley		14. NAME OF HUSBAND OR WIFE Ernest Tripp	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address Lila McKinley Joliet, Ill.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple fractures of Cervical Vertebrae Chest & R. Leg DUE TO (b) Auto Accident DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 45 Min.
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 checked="" type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Auto was struck broadside at intersection	
20c. TIME OF INJURY Hour Month, Day, Year 2:30 p.m. Mar. 4, 61		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Hiway #69		20f. CITY, TOWN, OR LOCATION Cameron	COUNTY STATE Clinton Mo.
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 2:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>James W. Sanders</i> Clinton Co. Coroner		22b. ADDRESS Cameron, Mo.	22c. DATE SIGNED 3-6-1961
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-8-1961	23c. NAME OF CEMETERY OR CREMATORY Memory Gardens	23d. LOCATION (City, town, or county) (State) Cameron, Mo.
24. FUNERAL DIRECTOR ADDRESS Poland Funeral Home, Cameron, Mo.		25. DATE RECD. BY LOCAL REG. 3-6-61	26. REGISTRAR'S SIGNATURE <i>Francis Crawford</i>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

SEP 26 1961

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 Laurence J. Thompson

Licensed Embalmer No. 4735

P. O. Address Cameron, Md.

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.