

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005666

STATE FILE NUMBER

Registration District No. 68 Primary Registration District No. 5266 Registrar's No. 14

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 11 1963

1. PLACE OF DEATH a. COUNTY <u>Christian</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ozark</u> Length of stay in 1b <u>3 yrs</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Christian Rest Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u> c. CITY OR TOWN <u>Ava</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Rex</u> Middle <u>Rippee</u> Last <u>Rippee</u> 4. DATE OF DEATH Month <u>Feb.</u> Day <u>26</u> Year <u>1963</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 type="checkbox"/> Divorced <input checked="" type="checkbox"/> 8. DATE OF BIRTH <u>7-5-26-86</u> 9. AGE (last birthday) <u>76</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer and Carpenter</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>Rippee, Mo.</u> 11. BIRTHPLACE (City and state or country) <u>USA</u> 12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Sampson Rippee</u> 13b. MOTHER'S MAIDEN NAME <u>Vandalia Hays</u> 14. NAME OF HUSBAND OR WIFE <u>Martha Rippee</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. [REDACTED] 17. INFORMANT <u>Mrs. Lena Gentry, Pendleton, Org.</u> Address		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CVA thrombosis; recurrent</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>influenza</u> 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 checked="" 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 _____ a.m. _____ p.m. Month, Dpy., Year _____		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.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from <u>26 Feb/63</u> to <u>26 Feb/63</u> and last saw ^{her} him alive on <u>26 Feb/63</u> Death occurred at <u>9: P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u> 22b. ADDRESS <u>Ozark, Mo</u> 22c. DATE SIGNED <u>4 Mar 63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 23b. DATE <u>3-2-63</u> 23c. NAME OF CEMETERY OR CREMATORY <u>Turkey Creek</u> 23d. LOCATION (City, town, or county) (State) <u>Route, Ava, Missouri</u>	
24. FUNERAL DIRECTOR <u>Clinkingbeard Funeral Home, Ava, Mo.</u> ADDRESS _____ 25. DATE RECD. BY LOCAL REG. <u>March 5, 1963</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

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 Lyle B. Glinkinghead

Licensed Embalmer No. 4830

P. O. Address Ana, Mo

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.

Permit obtained Feb 26 1963.

M.R.