

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 156 STATE FILE NUMBER 0007241

VS 300
Rev. 4/59

1 01021

2 01021

3

4 0

5 1

6

7 0

8 2

9 332

10

11

12 90-0

13 30

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>FREDERICKTOWN</u>		Length of stay in 1b <u>4 months</u>	c. CITY OR TOWN <u>FREDERICKTOWN</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>600 VILLAR</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>600 VILLAR.</u>
3. NAME OF DECEASED (Type or print) <u>John JEFFERSON TRIPP.</u>			4. DATE OF DEATH Month <u>FEB</u> Day <u>20</u> Year <u>1965</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-26-1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	9. AGE (last birthday) <u>91</u>
13a. FATHER'S NAME <u>ELI TRIPP.</u>		13b. MOTHER'S MAIDEN NAME <u>EVA JANE REVELLE.</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 JACK COOPER</u>		Address <u>FREDERICKTOWN MO</u>	
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
IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis, acute</u>			<u>2 Days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) <u>Cerebral Arteriosclerosis.</u>			<u>years</u>
DUE TO (c) <u>Generalized Arteriosclerosis.</u>			<u>years</u>
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 checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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>—</u> s.m. <u>—</u> p.m. <u>—</u>	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 <u>Feb 19, '55</u> to <u>Feb 20, '65</u> and last saw him alive on <u>Feb 19, '65</u> Death occurred at <u>2:30 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Charles E. Michaelis MD</u>		22b. ADDRESS <u>Fredericktown, Missouri</u>	22c. DATE SIGNED <u>Feb. 21, '65</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2-23-65</u>	23c. NAME OF CEMETERY OR CREMATORY <u>REVELLE</u>	23d. LOCATION (City, town, or county) (State) <u>MADISON Co. MO</u>
24. FUNERAL DIRECTOR <u>RAY WILSON FREDERICKTOWN</u>		25. DATE RECD. BY LOCAL REG. <u>2-26-1965</u>	26. REGISTRAR'S SIGNATURE <u>Charles Broome Jr MD</u>

①

0001541

MADISON MO.

FREDERICKSON

1965

FEB 20

1050-1813

MADISON MO

A. 2A

EMMA JANE KEVETTE

MRS JACK COOPER FREDERICKSON MO

MADISON MO

FREDERICKSON

1965

JOHN

W

FARMER

ERI TRIPP

NO

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

Raymond B. Wilson

Licensed Embalmer No. 4884

P. O. Address Fredrickson 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.

MADISON MO

2-23-65 KEVETTE

RAY WILSON FREDERICKSON