Pennsylvania

~~BALTIMORE CITY HEALTH~~ DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 70 5-58

BIRTH NO.

M.E. CASE NO.

1. NAME OF DECEASED (Type or Print) JAMES RIPPLE

2. DATE AND HOUR OF DEATH 7-16-59 5:10 A.M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) WESTMORELAND HOSP. GREENSBURG, PA.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE PA. B. COUNTY WESTMORELAND
C. CITY OR TOWN (If outside city limits, write RURAL and give township) EXPORT
D. STREET ADDRESS (If rural, give location) NONE

5. SEX M

6. RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) MARRIED

8. DATE OF BIRTH 10/14/1909

9. AGE (In years last birthday) 49

If Under 1 Yr. Months / Days | If Under 24 Hrs. Hours / Min.

9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUSINESS MAN

10. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) EXPORT, PA.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME WILLIAM RIPPLE

14. MOTHER'S MAIDEN NAME SARAH PAINTER

15. Was deceased ever in U. S. Armed Forces? (Yes, no or unknown. If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 119-10-2684

17. INFORMANT JAMES RIPPLE, JR. EXPORT, PA. ADDRESS

18. Spouse - HELEN RIPPLE

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO ACUTE HEMORRHAGIC PANCREATITIS — INTERVAL BETWEEN ONSET AND DEATH: 6 DAYS

(B) DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

5870

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT? WAS UNDERLYING OR CONTRIBUTORY CAUSE OF DEATH (Accident, suicide or homicide)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month, Day, Year) (Hour) (A.M. or P.M.)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY occur?

22. I certify that (I) (this hospital) attended the deceased from ..... 19 ... to ..... 19 ..., that (I) (it) last saw the deceased alive on ..... 19 ..... and that in (my) (our) opinion death occurred on the date and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE M.D. Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED JULY 16, 1959

23C. PHYSICIAN'S NAME (Type) JAMES D. MAXWELL

23D. ADDRESS M.D. GREENSBURG, PA

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24B. DATE 7/19/59

24C. NAME of CEMETERY or CREMATORY EAST VIEW CEM.

24D. LOCATION (City, town, or county) DELMONT, (State) PA.

25A. DATE REC'D BY HEALTH DEPT. 7-18-1959

25B. NAME OF REGISTRAR ALEX F. COLLI

25C. FUNERAL DIRECTOR S. W. MASON, JEANNETTE, PA. ADDRESS

VS 100 Rev. 12/58