

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29398**

No. 300  
10.48

FILED SEP 19 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 990

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Arkansas</b> b. COUNTY <b>Washington</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural, Washington</b> OR <b>In Aeroplane enroute to Omaha, Neb.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Springdale</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RR #2, St. Joseph Field, St. Joseph</b> <b>Pronounced dead at Rosecrans</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ella</b>	b. (Middle) <b>Marie</b>	c. (Last) <b>Stipp</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>September 14, 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 17, 1889</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	11. BIRTHPLACE (State or foreign country) <b>North Loup, Nebraska</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Eberhard W. Stipp</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. E. W. Stipp</b>	ADDRESS <b>Springdale, Ark.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>3 years</b> <b>4 1/2 yr</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Pernicious Anemia</b> DUE TO (c) <b>Woman died on an air plane en route from Springdale, Ark. to Omaha, Neb., for medical treatment at the Jackson Memorial Hospital. Woman died suddenly without making any special complaint, or signs of serious illness.</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Woman died suddenly without making any special complaint, or signs of serious illness.</b>	19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Uninjured</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/14, 1949 to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>H. F. Mandy (Coroner)</b>	(Degree or title)	23b. ADDRESS <b>St. Joseph, Mo.</b>	23c. DATE SIGNED <b>9/14/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Sept. 15, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Not given</b>	24d. LOCATION (City, town, or county) (State) <b>Toulon, Ill.</b>

DATE REC'D BY LOCAL REG. <b>Sept 16, 1949</b>	REGISTRAR'S SIGNATURE <b>E. G. Jenkins</b>	382	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Pfeiffer</b>	ADDRESS <b>1046 Colhoun St. St. Joseph, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 28 1953

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 \*\*\*\*

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Student Embalmer No. \*\*\*\*

working under my personal supervision.

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Student .....  
Student Embalmer

Signed.....

*Raymond W. Marchessault*  
Licensed Embalmer No. 4413 Missouri.

P. O. Address. St. Joseph, Missouri.

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 this body is not embalmed, fact should be so stated above.