

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20997

No. 500  
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

|   |  |  |  |  |                                       |   |  |  |  |
|---|--|--|--|--|---------------------------------------|---|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>227</u>  |  | PRIMARY REG. DIST. NO. <u>4339</u>   |                                       | Registrar's No. <u>24</u>   |  |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>MONROE</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>  |                                       |   |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>PARIS</u>  |  | c. LENGTH OF STAY (If this place)<br><u>63 YRS</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>PARIS</u>   |                                       | <u>nb 90</u>  |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>N. WASHINGTON ST.</u>   |  |  |  | d. STREET ADDRESS (If rural, give location)<br><u>N. WASHINGTON ST.</u>  |                                       |   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>FRED</u>  |  |  | a. (First)   |  | b. (Middle)                           |   | c. (Last) <u>KIPPER</u>                              |  |  |
| 4. DATE OF DEATH  |  | (Month) (Day) (Year)   |  | <u>JUNE 28, 1950</u>   |                                       |   |  |  |  |
| 5. SEX <u>MALE</u>  |  | 6. COLOR OR RACE <u>NEGRO</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>  |                                       | 8. DATE OF BIRTH <u>DEC. 10, 1884</u>   |  |  |  |
| 9. AGE (In years last birthday) <u>65</u>   |  | IF UNDER 1 YEAR Months <u>6</u> Days <u>18</u>   |  | IF UNDER 1 YEAR Hours <u></u> Min. <u></u>   |                                       |   |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work—do not state name of working life, even if retired)<br><u>LABORER</u>  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>ODD JOBS</u> |  |                                       | 11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>                           |  |  |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>  |  |  | 13a. FATHER'S NAME <u>PRESTON KIPPER</u>             |  | 13b. MOTHER'S MAIDEN NAME <u>MARY</u> |   | 14. NAME OF HUSBAND OR WIFE <u>BETTIE MAE KIPPER</u> |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or datum of service) <u>NO</u>  |  | 16. SOCIAL SECURITY NO. <u>486-14-4985</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>BETTIE MAE KIPPER</u> ADDRESS <u>PARIS, MO.</u>   |                                       |   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiomyopathy Heart Failure</u><br><u>W. A. HALL</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>arterio. sclerosis</u><br>DUE TO (c) <u></u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                                       |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>7 1/2</u><br><u>7 1/2</u> |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |  |  |                                       | 20. AUTOPSY?<br>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 building, etc.)            |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |                                       |   |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   |  | 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 <u>JANUARY 1950</u> , to <u>JUNE 28, 1950</u> , that I last saw the deceased alive on <u>JUNE 28, 1950</u> and that death occurred at <u>2:35 A.M.</u> , from the causes and on the date stated above. |  |  |  |  |                                       |   |  |  |  |
| 23a. SIGNATURE (In full name and title) <u>W. M. HUGHES, M. D.</u>  |  |  |  | 23b. ADDRESS <u>PARIS, MO.</u>   |                                       | 23c. DATE SIGNED <u>6-28-50</u>   |  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>   |  | 24b. DATE <u>6-30-50</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>WALKER GROVE</u>   |                                       | 24d. LOCATION (City, town, or county) (State) <u>PARIS MO</u>                       |  |  |  |
| DATE REC'D BY LOCAL REG. <u>6-28-50</u>   |  | REGISTRAR'S SIGNATURE <u>J. A. Barnard, M. D.</u>  |  | FUNDRAISER'S SIGNATURE <u>W. Speed Blakey</u> ADDRESS <u>PARIS, MO.</u>  |                                       |   |  |  |  |

(In case of Embalmer's Statement on Reverse Side)

RECEIVED JUL 3 1950  
District Health Officer No. 10  
District File Number 6-50-105  
Date Filed .....

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 .....  
Student Embalmer

Signed E. J. Agnew,

Licensed Embalmer No. 4060

P. O. Address Paris, 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.