

FILED JAN 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3623

BIRTH NO. _____ REG. DIST. NO. 365 PRIMARY REG. DIST. NO. 6240 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Rural Harmony</u>		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Rural Harmony</u>	
c. LENGTH OF STAY (In this place) <u>18 years</u>		d. STREET ADDRESS (If rural, give location) <u>Near Palmer</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Palmer Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bobby</u> b. (Middle) <u>Jean</u> c. (Last) <u>Nipper</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 10 51</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>June 20 1932</u>		9. AGE (In years last birthday) <u>18</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>20</u> IF UNDER 6 WKS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Washington Co. Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Claud Nipper</u>		13b. MOTHER'S MAIDEN NAME <u>Lula Beer</u>		14. NAME OF HUSBAND OR WIFE _____	
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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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Claud Nipper</u> ADDRESS <u>Palmer Mo.</u>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis - Lungs.</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>002x</u>			
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
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22. I hereby certify that I attended the deceased from Jan. 8, 1951, to Jan 10, 1951, that I last saw the deceased alive on Jan 8, 1951, and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward W Lake Jr</u> (Degree or title) <u>Do R.</u>		23b. ADDRESS <u>Patrol Mo.</u>		23c. DATE SIGNED <u>Jan. 13, 1951</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-12-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Palmer Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>1-19-51</u>		REGISTRAR'S SIGNATURE <u>Ella D. White</u> #36		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Sparks</u> ADDRESS <u>Palmer Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

JAN 27 1951

WASH. COUNTY HEALTH DEPT.

File No. 151-58

JAN 30 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Murphy Sparks

Signed.....
Student Embalmer

Licensed Embalmer No. 4236

P. O. Address Stat River, 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 this body is not embalmed, fact should be so stated above.