

STANDARD CERTIFICATE OF DEATH

State File No. 42060

FILED DEC 29 1953

BIRTH NO. REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 4084 Registrar's No. 10

1. PLACE OF DEATH

a. COUNTY

BATES

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HUME.

c. LENGTH OF STAY (in this place) 40 YRS.

d. FULL NAME OF HOSPITAL OR INSTITUTION: HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

MISSOURI

b. COUNTY

BATES.

c. CITY OR TOWN HUME.

d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) 0070

3. NAME OF DECEASED

(Type or Print)

a. (First)

THOMAS BURTON

b. (Middle)

TIPTON.

c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) DEC-23-1953.

5. SEX

MALE

6. COLOR OR RACE

WHITE.

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

MARRIED.

8. DATE OF BIRTH

MARCH-10-1888

9. AGE (In years last birthday)

65

10. MONTHS

9

11. DAYS

13

12. IF UNDER 18 HRS. Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

VETENARY

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)

KANSAS CITY, KANSAS.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

GEO. TIPTON

13b. MOTHER'S MAIDEN NAME

BELLE ESTEP

14. NAME OF HUSBAND OR WIFE

REBECCA MAE TIPTON.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Alice Tipton - Miami, Florida

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

Coronary heart disease

INTERVAL BETWEEN ONSET AND DEATH

1 1/2 W

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

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)

4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1953 to Nov 1953, that I last saw the deceased alive on Nov 23, 1953, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE

(Name or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24b. DATE

DEC-27-53

24c. NAME OF CEMETERY OR CREMATORY

UNDERWOOD CEM.

24d. LOCATION (City, town, or county) (State)

BERNARD BATES COUNTY, MISSOURI

DATE REC'D BY LOCAL REG.

DEC 25 - 53

REGISTRAR'S SIGNATURE

Gerrit H. Martin

25. FUNERAL DIRECTOR'S SIGNATURE

Booth Funeral & Sew. - Rich Hill, Mo.

ADDRESS

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

FEB 11 1954

FEB 23 1954

FEB 20 1954

FEB 21 1954

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..... *Robert G. Steinbach*

Licensed Embalmer No. *4657*

P. O. Address *Butler, 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.