

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4221

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 4122 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>	
b. CITY OR TOWN <u>Nixa</u>	c. LENGTH OF STAY (in this place) <u>1 Day</u>	c. CITY OR TOWN <u>Nixa</u>	<u>0220</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	(If rural, give location) <u>0</u>
3. NAME OF DECEASED (Type or Print) a. (First) <u>Vertie</u> b. (Middle) <u>Marj</u> c. (Last) <u>Stipp</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 3-1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>2 Oct-13-1877</u>
9. AGE (In years) last birthday <u>77</u>		<u>3</u>	<u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Sylvester T. Spearman</u>	
13b. MOTHER'S MAIDEN NAME <u>Nancy Dameron</u>		14. NAME OF HUSBAND OR WIFE <u>Simon D. Stipp</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Blalys Kelly Fairview Mo.</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic congestive failure</u> INTERVAL BETWEEN ONSET AND 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) _____ 11. OTHER SIGNIFICANT CONDITIONS. *Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic hypertension</u>	
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?	
22. I hereby certify that I attended the deceased from <u>October</u> , 19 <u>54</u> , to <u>January</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Jan. 30</u> , 19 <u>55</u> , and that death occurred at <u>12 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Randall G. Ochs, M.D.</u>		23b. ADDRESS <u>Wheaton, Mo.</u>	23c. DATE SIGNED <u>2-4-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 5-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dice Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Newton Co. Missouri</u>
DATE REC'D BY LOCAL REG. <u>Feb. 5. 1955</u>	REGISTRAR'S SIGNATURE <u>Oliver Hutter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>50P McQueen Funeral Home, Wheaton Mo</u> ADDRESS	

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

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 Paul D. Henbest

Licensed Embalmer No. 4576

P. O. Address Cassville 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.