

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 11 1955

State File No. \_\_\_\_\_  
Registrar's No. 530

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5135</u>		REGISTRAR'S NO. <u>530</u>			
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>					
b. CITY OR TOWN <u>Ru ral</u>		c. CITY OR TOWN <u>Ash Hill</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		LENGTH OF STAY (in this place) <u>15 Yrs</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 Mi South of Fisk</u>				STREET ADDRESS (If rural, give location) <u>1 1/2 Mi South of Fisk</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>William</u> c. (Last) <u>Tippen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 20 55</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>7-17-1881</u>			
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>3</u>		IF UNDER 2 HRS. Hours <u>3</u> Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Essex Missouri</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John A. Tippen</u>			13b. MOTHER'S MAIDEN NAME <u>Nellie Mallery</u>			14. NAME OF HUSBAND OR WIFE <u>Franey Tippen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>496-20-7348</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charley Tippen Fisk, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Heat Exhaustion</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201F</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. 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) (Min.)		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>Nov</u> , 19 <u>53</u> , to <u>8-20</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7</u> , 19 <u>55</u> , and that death occurred at <u>9:30 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Name or title) <u>J. H. ...</u>				23b. ADDRESS <u>Publico Mo</u>		23c. DATE SIGNED <u>8/21/55</u>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>8/24/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shain memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Butler Co. Mo</u>			
DATE REC'D BY LOCAL REG. <u>10/3/55</u>		REGISTRAR'S SIGNATURE <u>Ph. Muecke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. White</u>		ADDRESS <u>Fisk, Mo</u>			

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

RECEIVED

OCT 6 1955

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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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 *Raymond L. Duffie* \_\_\_\_\_  
Licensed Embalmer No. *4792*

P. O. Address *Berne, N.J.*

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.