

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **32145**

BIRTH NO. _____		REG. DIST. NO. <b>6</b>		PRIMARY REG. DIST. NO. <b>5031</b>		Registrar's No. <b>18</b>	
1. PLACE OF DEATH a. COUNTY <b>Audrain</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Farber</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>Hannibal</b>		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1/2 mile east of town</b>				STREET ADDRESS (If rural, give location) <b>921 Church St.</b> <b>0649</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>David</b>		b. (Middle) <b>Howard</b>		c. (Last) <b>Tipton</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11 5 1955</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, <del>WIDOWED, DIVORCED, RE-MARRIED</del> <b>Never married</b>		8. DATE OF BIRTH <b>Apr 27, 1940</b>	
9. AGE (In years last birthday) <b>15</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>7</b>		IF UNDER 24 HRS. Hours <b>7</b> Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>School</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Frankford, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	
13a. FATHER'S NAME <b>Marvin Henry Tipton</b>			13b. MOTHER'S MAIDEN NAME <b>Theresa Adella Stone</b>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Marvin Tipton, Farber, Missouri</b>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Inquest with Jury, accidentally shot with a shotgun in the face and forehead.</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>head. Death was instant. Gun was held in the hand of Frankie Kuda. Body</b> DUE TO (c) <b>was found near Farber, Mo., and</b> 2. OTHER SIGNIFICANT CONDITIONS <b>moved to Vandalia, Mo., to Waters</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Funeral Home where inquest was</b>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>held Nov. 6, 1955.</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <b>accident</b> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>On farm</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>43 Farber</b> (COUNTY) <b>Audrain</b> (STATE) <b>Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>11 5 55 2p</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Accident with discharge of Shotgun</b>			
22. I hereby certify that I attended the deceased from <b>Inquest</b> , 19____, to _____, 19____, that I last saw the deceased alive on <b>died</b> , 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>S. C. Adams M.H. Coroner</b>				23b. ADDRESS <b>Mexico, Missouri</b>		23c. DATE SIGNED <b>11-6-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov 10, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Grandview Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Oakwood, Missouri</b>	
DATE/RECD BY LOCAL REG. <b>11/7/55</b>		REGISTRAR'S SIGNATURE <b>Malvo Fugate</b>		FUNERAL DIRECTOR'S SIGNATURE <b>William B Waters</b>		ADDRESS <b>Vandalia, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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.....  
Signature of Student Embalmer

Signed *William B. Water*.....

Licensed Embalmer No. *41*.....

P. O. Address *Vandalia*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.