

FILED JUN 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21045

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>5643</u>		Registrar's No. <u>46</u>		
1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACYSON</u>				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>RURAL</u>		c. LENGTH OF STAY (in this place) <u>FREEDOM</u> <u>5 min</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>3 MI WEST OF CONCORDIA, MO</u>				f. STREET ADDRESS (If rural, give location) <u>2447 HIGHLAND</u> <u>3320</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>HELEN</u> b. (Middle) <u>MARIE</u> c. (Last) <u>TIPTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 16 1956</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>MARCH 12, 1947</u>		
9. AGE (In years last birthday) <u>9</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY MO</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>WILLIAM W. TIPTON</u>		13b. MOTHER'S MAIDEN NAME <u>ARDELIA WRIGHT</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>SUSIE MATTHEWS 2516 PROSPECT KANSAS CITY, 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>Multiple cerebral injuries</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture and avulsion of skull</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>Immediate</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. H. 40-2 1/2 MI W CONCORDIA</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Freedom 05</u> (COUNTY) <u>Lafayette</u> (STATE) <u>Missouri</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 16 1956 12:00 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto accident</u>				
22. I hereby certify that I attended the deceased from <u>none</u> , 19 <u>   </u> , to <u>none</u> , 19 <u>   </u> , that I last saw the deceased alive on <u>D.O.A.</u> , 19 <u>   </u> , and that death occurred at <u>10:15</u> a.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Embalmer Acting Director</u>				23b. ADDRESS <u>Springton Mo</u>		23c. DATE SIGNED <u>6-16-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>6/16/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>10 WATKINS ST. S. E. H. NOT KNOWN AT THIS TIME</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>		
DATE REC'D BY LOCAL REG. <u>June 18-56</u>		REGISTRAR'S SIGNATURE <u>Clayton N. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. S. James Concordia, Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

1956 JUN 21 AM

AUG 8

1956

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 me, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed E. S. James.....

Licensed Embalmer No. 205.....

P. O. Address Hammond, Louisiana.....

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.