

Health,  
Welfare  
Public  
Service

300  
1-56  
794

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF REAL INH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24784

FILED JUL 25 1956

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 252

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FARMINGTON.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>FREDERICKTOWN</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>WHITEWAY NURSING HOME</u> Length of stay in lb <u>2 YRS.</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>GRACE</u> Middle <u>(NONE)</u> Last <u>LPTON</u>			4. DATE OF DEATH Month <u>JULY</u> Day <u>7</u> Year <u>1956</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN. 1 1895</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>5</u> Days <u>10</u> Hours <u></u> Min. <u></u>	
10a. 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></u>		11. BIRTHPLACE (City and state or country) <u>MADISON COUNTY, MO. USA</u>		
13. FATHER'S NAME <u>SPRAY WILLIAM LPTON</u>			14. MOTHER'S MAIDEN NAME <u>SARAH WIMFLEET</u>			

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>LES GAMLIN. FREDERICKTOWN MO</u>	
--	--	-------------------------------------	--	---	--

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>General Debility</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Understand mind &amp; had</u>	
	DUE TO (c) <u>Hodermataly 8 6 years old child</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>3251</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a. m. <u></u> p. m. <u></u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from <u>June 1955</u> to <u>July 7, 56</u> and last saw her alive on <u>May 31, 1956</u> Death occurred at <u>11:10 am</u> on the days stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>L. M. Starbuck</u> (Degree or title)	22b. ADDRESS <u>Farmington Mo</u>	22c. DATE SIGNED <u>7/13/56</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7-8-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MINE LA MOTTE. CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY MO.</u>
24. FUNERAL DIRECTOR <u>H. V. Adumson</u> ADDRESS <u>FREDERICKTOWN, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>July 13, 1956</u>	26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	

(Licensed Embalmer's Statement on Reverse Side)

---

---

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 Wilson*

Licensed Embalmer No. *48*

P. O. Address *Frederick*

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.