

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44513

STATE FILE NUMBER

FILED DEC 31 1956

Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 12

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Sullivan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Milan</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Milan</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>his home</u> | | d. STREET ADDRESS (If outside, give location) <u>1050</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Length of stay in lb <u>78 yrs</u> | | | |

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|--|---------------------------|---|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) <u>Robert Edward Tipton</u> First Middle Last | | | 4. DATE OF DEATH Month <u>12</u> Day <u>20</u> Year <u>1956</u> | | | |
| 5. SEX <u>m</u> | 6. COLOR OR RACE <u>w</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>8-30-1878</u> | | 9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR: Months <u>3</u> Days <u>20</u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>near Milan - Mo</u> | | |
| 13. FATHER'S NAME <u>Wm. Tipton</u> | | | 14. MOTHER'S MAIDEN NAME <u>Elizabeth Needham McCully</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>500-36-1652</u> | | 17. INFORMANT <u>Elizabeth Tipton</u> Address <u>Milan - 1710</u> | | |

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|--|--|---|--|
| 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>Heart failure, arteriosclerosis</u> DUE TO (b) <u>Senile changes.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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|--|--|---|---|---|--|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>no no no</u> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u>4500</u> | | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____ | | | | | |
| 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>Nov 11 1956</u> to <u>Dec 20 1956</u> and last saw <u>her</u> alive on _____ Death occurred at <u>130a</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>J. S. Montgomery M.D.</u> | | 22b. ADDRESS <u>Milan Mo.</u> | | 22c. DATE SIGNED <u>Dec 20 1956</u> | |

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|--|--|------------------------------|---|--|--|---|--|
| 23a. BURIAL (EMERATION, REMOVAL) (Specify) <u>Burial</u> | | 23b. DATE <u>12-21-56</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem</u> | | 23d. LOCATION (City, town, or county) (Side) <u>Milan Mo</u> | |
| 24. FUNERAL DIRECTOR <u>Schene's</u> <u>Dorothy Schone</u> ADDRESS <u>Milan - Mo</u> | | | 25. DATE RECD. BY LOCAL REG. <u>12-24-56</u> | | 26. REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckett</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature. 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

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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 em
by me, ~~or by~~..... Student Embalmer No.
~~working under my personal supervision.~~

Student.....
Signature of Student Embalmer

Signed..... *Dwight Schoene*.....

Licensed Embalmer No. *266*

P. O. Address *Milau*.....

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