

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1903

Dr. Bellamy

FILED JAN 15 1957

Registrar's No. 22

BIRTH NO. REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 4289

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a..STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hawk Point		c. CITY OR TOWN Hawk Point	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 1/2 yrs		e. STREET ADDRESS (If rural, give location) Logan Building 6570	
d. FULL NAME OF HOSPITAL OR INSTITUTION Logan Building			

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) Arthur	c. (Last) Wippler	4. DATE OF DEATH (Month) (Day) (Year) January 7, 1957
-------------------------------------	---------------------------	---------------------------	--------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH July 6, 1914	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR	IF UNDER 12 HRS.
				Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY General Work	11. BIRTHPLACE (City and State or Foreign Country) Warren Co. Missouri.	12. CITIZEN OF WHAT COUNTRY? USA
--	---	--	---

13a. FATHER'S NAME Charles L. Wippler	13b. MOTHER'S MAIDEN NAME Agnes E. Eriser	14. NAME OF HUSBAND OR WIFE Unknown
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Raymond Wippler, Rt #4 Troy, Missouri	ADDRESS
--	-------------------------------------	--	---------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic Coma		INTERVAL BETWEEN ONSET AND DEATH 4 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus		
	DUE TO (c) Blind		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Blind			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 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) m.	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 **1-5**, 19**56**, to **1-7**, 19**57**, that I last saw the deceased alive on **1-7**, 19**57**, and that death occurred at **7 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Dr. Bellamy MD</i>	23b. ADDRESS 370 E. Wood, Troy, Mo.	23c. DATE SIGNED 1/8/57
--	--	--------------------------------

24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/9/57	24c. NAME OF CEMETERY OR CREMATORY Holy Rosary Cemetery	24d. LOCATION (City, town, or county) (State) Truesdale, Missouri
--	-------------------------	--	--

DATE REC'D BY LOCAL REG. Jan 12-57	REGISTRAR'S SIGNATURE <i>Emma R. Riddle</i>	25. FUNERAL DIRECTOR'S SIGNATURE Hieburg Funeral Home, Warrenton, Mo.	ADDRESS
---	---	--	---------

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

162

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.....

Joseph J. Marsh

Licensed Embalmer No...3932

P. O. Address Troy, Missouri

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.