

Health, Welfare
Public
Service

300
-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

154

FILED FEB 10 1958

STATE FILE NUMBER

Registration District No. 30 Primary Registration District No. 5101 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>N- Alexander Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY <u>008th</u> OR TOWN <u>N- Alexander Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6 M-W Fairfield</u> Length of stay in 1b <u>Years</u>		d. STREET ADDRESS (If outside, give location) <u>6 M-W Fairfield</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>IBA</u> Middle <u>AUDRA</u> Last <u>TIPTON</u>			4. DATE OF DEATH Month <u>February</u> Day <u>2</u> Year <u>1958</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>March 15, 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blind for Life</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>x</u>	9. AGE (In years last birthday) <u>77</u> 10. IF UNDER 1 YEAR Months <u>10</u> Days <u>17</u> 11. BIRTHPLACE (City and state or country) <u>Benton County Mo.</u> 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>W.M. Tipton</u>		13b. MOTHER'S MAIDEN NAME <u>Victoria Cox</u>	14. NAME OF HUSBAND OR WIFE <u>x</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>x</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Kenneth Cox</u> Address <u>Fairfield, Missouri</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>acute circulatory failure</u> DUE TO (b) <u>Coronary Thrombosis - Myocardial Infarction</u> DUE TO (c) <u>arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 min</u> <u>10 yrs</u> 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>4201</u>
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 _____ a.m. _____ p.m. Month _____ Day _____ Year _____			
20d. INJURY OCCURRED WHILE AT <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>dead on arrival</u> and last saw her alive on <u>dead on arrival</u> Death occurred at <u>8:00 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Essac Sally D O</u> (Degree or title)		22b. ADDRESS <u>Warsaw, Missouri</u>	22c. DATE SIGNED <u>2-3-1958</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>2-4-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hogles Creek Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Benton County Missouri</u>
24. FUNERAL DIRECTOR <u>Reser Funeral Home, Warsaw, Mo</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Feb. 4 - 1958</u>	26. REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Jack Wiser*

Licensed Embalmer No. *4643*
P. O. Address. *Utassaw, M.*

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.