

FILED MAR 12 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004620
STATE FILE NUMBER

XC-1563879
REG.# 16030

Registration District No. **43**

Primary Registration District No. **3007**

Registrar's No. **234**

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY RANDOLPH	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		c. CITY OR TOWN BIGGERS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		d. STREET ADDRESS NONE	
Length of stay in lb 1 DAY		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JAMES Middle WILLIAM Last HIPP			4. DATE OF DEATH Month MARCH Day 2 Year 1958		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-29-88	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (City and state or country) ARAB, ALABAMA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN W. HIPP	13b. MOTHER'S MAIDEN NAME FRANCES BUTLER	14. NAME OF HUSBAND OR WIFE FLORENCE HIPP
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI	16. SOCIAL SECURITY NO. 432284873	17. INFORMANT VA HOSPITAL RECORDS, POPLAR BLUFF, MO.
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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) ACUTE MYOCARDIAL INFARCTION.		INTERVAL BETWEEN ONSET AND DEATH 12 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) CORONARY ARTERIOSCLEROTIC HEART DISEASE.	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		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.)
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20c. TIME OF INJURY Hour _____ 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 VA	COUNTY _____ STATE _____
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21. attended the deceased from MARCH 2, 1958 to MARCH 2, 1958 Death occurred at 7:45 PM on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE: Robert S. Cohen (Degree or title) ROBERT S. COHEN, M.D., Chief, Medical Svc. VA HOSPITAL, POPLAR BLUFF, MO.	22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.	22c. DATE SIGNED 3-3-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-5-1958	23c. NAME OF CEMETERY OR CREMATORY Hite Cemetery	23d. LOCATION (City, town, or county) (State) Biggers, Arkansas
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24. FUNERAL DIRECTOR M C McJebb	ADDRESS Pocahontas, Ark.	25. DATE RECD. BY LOCAL REG. 3/8/58	26. REGISTRAR'S SIGNATURE R. Hunter
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED

MAR 10 1958

REGISTERED
OF THE STATE

BUTLER CO. HEALTH CENTER

FILE No. _____

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 M. C. McHabb

Licensed Embalmer No. 680 (Ar)
P. O. Address Pocahontas, W. Va.

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.