Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-040423
STATE FILE NUMBER

FILED DEC 3 1958

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 220

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN Carthage — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION 3rd & Howard Sts — Length of stay in 1b 40 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Carthage 0493 0 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 407 E. 3rd St — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First JAKE Middle Last CLIPPINGER

4. DATE OF DEATH Month Nov. Day 28, Year 1958

5. SEX male 0

6. COLOR OR RACE white

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

8. DATE OF BIRTH 9-24-1877

9. AGE (In years at last birthday) 81 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY C. Marble

11. BIRTHPLACE (City and state or country) Lenne, Iowa i

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jacob Clippinger

13b. MOTHER'S MAIDEN NAME Mary Walter

14. NAME OF HUSBAND OR WIFE Maggie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 499-07-1101

17. INFORMANT Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Unknown natural causes — INTERVAL BETWEEN ONSET AND DEATH sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7954

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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 WORK [ ] NOT WHILE AT WORK [ ]

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 6-20-58, to 8-29-58 and last saw him alive on 8-29-58
Death occurred at 8 am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard R Cohle (Degree or title) MD

22b. ADDRESS Carthage, Mo

22c. DATE SIGNED 11-28-58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE Dec.1.'58

23c. NAME OF CEMETERY OR CREMATORY Park

23d. LOCATION (City, town, or county) Carthage (State) Mo.

24. FUNERAL DIRECTOR ADDRESS Ulmer Funeral Home, Carthage

25. DATE RECD. BY LOCAL REG. 11/28/58

26. REGISTRAR'S SIGNATURE Ely Clinton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 ..... Signed O. L. Ishell

Signature of Student Embalmer

Licensed Embalmer No. 4970

P. O. Address Carthage, Mo

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.