Health, & Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003581
STATE FILE NUMBER

FILED JAN 28 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 313

1. PLACE OF DEATH
a. COUNTY: None
b. CITY OR TOWN: ST. LOUIS, MISSOURI — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION: BARNES HOSPITAL — Length of stay in Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4249 Maffitt Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First BENJAMIN Middle MORRIS Last TIPLER

4. DATE OF DEATH Month JANUARY Day 6 Year 1959

5. SEX: Male **6. COLOR OR RACE:** Negro **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☒

8. DATE OF BIRTH: Apr 7, 1898

9. AGE (In years last birthday): 60 — 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): Taxi Driver
10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Grand Junction, Tenn
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Louis Tipler
13b. MOTHER'S MAIDEN NAME: Ella Saunders
14. NAME OF HUSBAND OR WIFE: Lilliam Tipler

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.: 490-03-0575
17. INFORMANT: Chas. L. Tipler, Address 5152a Palm St.

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) HYPOSTATIC PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 5 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CARCINOMA OF HEAD OF PANCREAS, SUSPECTED — UNKNOWN
DUE TO (c) 157A
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 ☒ NO ☐

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 OCT. 20, 1958, to JAN. 6, 1959 and last saw her/him alive on JAN. 6, 1959
Death occurred at 3:25 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. R. Vermillion, M.D. M. D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 1/7/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1/13/59
23c. NAME OF CEMETERY OR CREMATORY: Washington Park Cemetery
23d. LOCATION (City, town, or county) (State): Berkeley City, Mo.

24. FUNERAL DIRECTOR: Cunningham & Moore, ADDRESS 2405 Marcus
25. DATE RECD. BY LOCAL REG.: JAN 10 '59
26. REGISTRAR'S SIGNATURE: J. Earl Smith MD
MRB

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus

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.