

FILED VS NOV 30 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-040993

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. _____ Registrar's No. 49

V. S. 300
Rev. 1-57

Securing the medical certification in the specific manner required by 193.140 MoRS 1949.
 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
 MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MARION</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Round Grove Liberty</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>MAYWOOD</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>4 MAPLE LAWN Rest Home 20th.</u>		Length of stay in lb <u>2 wk.</u>	d. STREET ADDRESS (If outside, give location) <u>4M-nw.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES FREDRICK ZIPSE</u>		4. DATE OF DEATH Month Day Year <u>Nov. 22, 1959</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEP. 21, 1881</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	9c. AGE (In years last birthday) <u>78</u> 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) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	11. BIRTHPLACE (City and state or country) <u>Quincy, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>LEWIS F. Zipse</u>	
13b. MOTHER'S MAIDEN NAME <u>Caroline Eggert</u>		14. NAME OF HUSBAND OR WIFE <u>Effie Zipse</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Charles Zipse 72650 13th</u>	
17. INFORMANT <u>Charles Zipse 72650 13th</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>Carcinomatosis</u> DUE TO (b) <u>Carcinoma of prostate</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____	
INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>		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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		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>Nov 1, 1959</u> to <u>Nov 22, 1959</u> and last saw her alive on <u>Nov 18, 1959</u> Death occurred at <u>10:30 A.M.</u> on the date stated above; and, to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>J. J. Fee M.D.</u>	
22b. ADDRESS <u>Palmyra Mo</u>		22c. DATE SIGNED <u>11/23/59</u>	
23a. BURIAL CREMATION REMOVAL (Specify)	23b. DATE <u>11-24-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Durham</u>	23d. LOCATION (City, town, or county) (State) <u>1/2 Mile N. Durham. MO</u>
24. FUNERAL DIRECTOR <u>Thomas Ball Ewing. MO</u>		25. DATE RECD. BY LOCAL REG. <u>11-23-59</u>	26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Lusk</u> <u>By Viola Fee, Deputy</u>

1890

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 *L. M. Crabell*

Licensed Embalmer No. *4905*
P. O. Address *Ewing 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.