

OUR DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021694

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 295

AMENDED

FILED JUN 26 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Jasper</b>	a. STATE <b>Mo.</b>		b. COUNTY <b>Jasper</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin</b>	Length of stay in 1b <b>2 days</b>	c. CITY OR TOWN <b>Webb City</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General Hospital</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>510 W. Fifth St.</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <b>Edmond</b>	Middle <b>Harrison</b>	Last <b>Tipton</b>	4. DATE OF DEATH	Month <b>June</b>	Day <b>18,</b>	Year <b>1961</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/12/1873</b>	9. AGE (last birthday) <b>88</b>	IF UNDER 1 YEAR Months <b>5</b>	IF UNDER 24 HR Days <b>5</b>	Hours <b>5</b>	Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Frisco Railroad Employee</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Tiptonville, Tenn.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>No data</b>	13b. MOTHER'S MAIDEN NAME <b>No data</b>	14. NAME OF HUSBAND OR WIFE
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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) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Paul E. Tipton, 516 Pearl, Joplin, Mo.</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per (a), (b) and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<b>Asystolic Hypertension</b>	<b>5 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	<b>5 yrs.</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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.	Month, Day, Year
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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 <b>Joplin</b>	COUNTY <b>Missouri</b>	STATE
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21. I attended the deceased from May 59 to June 18-61 last saw her/him alive on 6-18-61  
Death occurred at 12:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>James A. Yerhomon</b>	(Degree or title)	22b. ADDRESS <b>Frisco Bldg Joplin</b>	22c. DATE SIGNED <b>6-19-61</b>
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23a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6/20/1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ozark Memorial Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Joplin, Missouri</b>
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24. FUNERAL DIRECTOR <b>Hedge-Lewis Funeral Home, Webb City, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>6-23-1961</b>	26. REGISTRAR'S SIGNATURE <b>Dorice Merriam</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 9 700

**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 Richard Roy Lee

Licensed Embalmer No. 4405

P. O. Address Webb City

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.