

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026795

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1924

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4000
2 4000
3
4 0
5 1
6
7 1
8 2
9 4200
10
11
12 90-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Affton, Mo.</u>		Length of stay in 1b	c. CITY OR TOWN <u>Affton</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>9557 Lydell</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>9557 Lydell</u>
3. NAME OF DECEASED (Type or print) First <u>Raymond</u> Middle <u>C.</u> Last <u>Tipton</u>			4. DATE OF DEATH Month <u>June</u> Day <u>13</u> Year <u>1963</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>Oct. 25, 1905</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CONSTRUCTION</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SELF-EMPLOYED</u>	9. AGE (last birthday) <u>57</u>
11a. FATHER'S NAME <u>William Tipton</u>		11b. MOTHER'S MAIDEN NAME <u>Catherine Hussman</u>	9. AGE (last birthday) <u>57</u>
13a. FATHER'S NAME <u>William Tipton</u>		14. NAME OF HUSBAND OR WIFE <u>Lucille Tipton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>no</u> <u>no</u>		17. INFORMANT <u>Affton, Mo.</u> <u>Lucille Tipton 9557 Lydell,</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>Congestive Heart Failure.</u> DUE TO (b) <u>Vremic poisoning.</u> DUE TO (c) <u>A.S.H.D.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6</u>
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
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 <u>7:45</u> a.m. <u>p.m.</u> Month, Day, Year	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 COUNTY STATE
21. I attended the deceased from <u>1/1/61</u> to <u>6/13/63</u> and last saw her/him alive on <u>6/13/63</u> Death occurred at <u>7:45 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Okrenge MD</u>	
22b. ADDRESS <u>40755 Grand</u>		22c. DATE SIGNED <u>6/14/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal motor 6-17-63</u>	23b. DATE <u>6-17-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sacred Ht. Cem.</u>	23d. LOCATION (City, town, or county) <u>Festus, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Southern Funeral Home</u> <u>6322 S. Grand, St. Louis, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-14-63</u>	26. REGISTRAR'S SIGNATURE <u>J. E. Murphy, M.D.</u>

USE BLACK INK OR TYPEWRITER RIBBON

DR. ED. KIENZLE

4075 S. GRAND

164

(County)

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

David Van Fossen

Licensed Embalmer No. 4242

P. O. Address St. Louis 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.