REC'D JUL 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22587
Do not use this space.

1. PLACE OF DEATH
(a) County: Pemiscot Registration District No. 653
(b) Township: Braggadocia Primary Registration District No. 5871 Registered No. 57
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Carlis Jean Lipsey 120
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): ✓

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-16-1936

7. AGE: Years 1 | Months 6 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

FATHER
13. NAME: C. T. Lipsey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ala

MOTHER
15. MAIDEN NAME: Francis Young
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT: C. T. Lipsey
(ADDRESS): Steele Mo R2

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Maple Lawn DATE: 6-16, 1938

19. FUNERAL DIRECTOR (NAME): R. L. Smith
(ADDRESS): Caruthersville Mo

20. FILED: 6-16, 1938 J. W. Rhodes
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-15, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1938 to June 15, 1938
I last saw him alive on June 15, 1938. Death is said to have occurred on the date stated above, at 7 A.M. p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	6/12
Other contributory causes of importance:	
Colitis	5/27

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify .....
(Signed) Asa J. Speer, M. D.
(Address) Deckerville Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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, Neal C. Dean, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Neal C. Dean

Licensed Embalmer No. 3941

P. O. Address Carrollwood Me

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 this body is not embalmed, above space should be left blank.