

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19278

Registration District No. 243

Primary Registration District No. 154

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Dexter, Mo. R. 1.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Reckland Ins
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 103

(a) State Missouri (b) County Stoddard

(c) City or town Dexter, R. 1.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Abner McGregory Tippen,

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day June
year 1943, hour 5 minute A. M.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Rosa Tippen, 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Dec. 15, 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1, 1943, 1943 to June 3, 1943, 1943 that I last saw him alive on June 1, 1943 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>5</u>	<u>20</u>	hr. _____ min. _____

Immediate cause of death Arterio Sclerosis

Due to _____

Due to High Blood Pressure

9. Birthplace Dexter, Mo. R. 1.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation Farming

11. Industry or business Farmer

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name William Tippen,

13. Birthplace Georgia
(City, town, or county) (State or foreign country)

14. Maiden name Mary Thomasson,

15. Birthplace Dexter, Mo. R. 1.
(City, town, or county) (State or foreign country)

16. (a) Informant Samuel Tippen

(b) Address Essex, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Essex, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

18. (a) Signature of funeral director Watkins Funeral Ser

(b) Address Dexter, Mo.

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

19. (a) June 7 (Date received local registrar) (b) Nova Isaac (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature W. H. ... (M. D. or other) _____

Address Essex, Mo. Date June 4, 1943

JUL 20 1943

RECEIVED

District Health Office No. 2

District File Number 643-826

Date Filed 6-10-43

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed *Hunter Abbitto*

Licensed Embalmer No. 4210

P.O. Address *Sixton St*

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, fact should be so stated above.