

13
00

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Wilson
Stoddard, Mo.
State File No. _____

FILED AUG 12 1943

Registration District No. *251*

Primary Registration District No. *61512 26329*

Registrar's No. *30*

1. PLACE OF DEATH:

(a) County *Stoddard*

(b) City or town *Charter Oak, Mo.*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Luke's Hosp.
(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:

(a) State *Mo.* (b) County *Stoddard*

(c) City or town _____ (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 *Issac Tippy*

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

4. Sex *male* 5. Color or race *white*

6. (a) Single, widowed, married, divorced *married*

6. (b) Name of husband or wife *Mary Tippy* 6. (c) Age of husband or wife if alive *57* years

7. Birth date of deceased: _____ (Month) _____ (Day) _____ (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *June* day *27* year *1943* hour _____ minute *7:15* A.M.

21. I hereby certify that I attended the deceased from *June 22* 19*43* to *June 26* 19*43* that I last saw him alive on *June 26* 19*43* and that death occurred on the date and hour stated above.

8. AGE: Years *74* Months _____ Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death: *Coronary heart failure with cerebral embolism*

Due to *stroke*

Due to *stroke from heart attack and clot of my carotid*

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

9. Birthplace: *not known* (City, town, or county) _____ (State or foreign country) *9*

10. Usual occupation: *Farming*

11. Industry or business _____

12. Name: *John Tippy*

13. Birthplace: *not known* (City, town, or county) _____ (State or foreign country) *9*

14. Maiden name: _____

15. Birthplace: *not known* (City, town, or county) _____ (State or foreign country) *9*

16. (a) Informant: *Mary Tippy*

(b) Address: *Charter Oak, Mo.*

17. (a) *Burial* (Burial, cremation, or removal) (b) Date thereof: *June 29, 1943* (Month) _____ (Day) _____ (Year)

(c) Place: burial or cremation: *Silent Hill*

18. (a) Signature of funeral director: _____ (b) Address: _____

19. (a) _____ (b) _____ (Date received local registrar) _____ (Registrar's signature)

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy: _____

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

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

(b) Date of occurrence _____

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? _____

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

23. Signature: *Dr. Wilson* (M. D. or other) _____

Address: *Stoddard, Mo.* Date signed: *7/24/43*

1154

RECEIVED

District Health Office No. 2

District File Number 843-987

Date Filed 8-9-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.