V. S. No. 2
50M—5-42
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3465

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 7

59 1 2

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1009 Broadway Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED: 59

(a) State Missouri. (b) County Livingston

(c) City or town Chillicothe (If outside city or town limits, write "RURAL") 2

(d) Street No. 1009 Broadway Street (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes; name country 0

3. (a) PRINT FULL NAME Christopher Columbus Tipton

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margarete Tipton

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Sept. (Month) 29 (Day) 1866 (Year)

8. AGE: Years 77 Months 3 Days 12 If less than one day hr. min.

9. Birthplace Milan, (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER

12. Name Jacob R. Tipton

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

14. Maiden name Cathrine Swagart

15. Birthplace (City, town, or county) Ohio. (State or foreign country)

16. (a) Informant Mrs Margarete Tipton

(b) Address Chillicothe, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-'44 (Month) (Day) (Year)

(c) Place: burial or cremation Humphrey Cemetery

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri.

19. (a) Jan 14 - 1944 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11th. year 1944 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from Dec 15 1943 to Jan 11 1944 that I last saw him alive on Jan 10 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Heart decompensation — Duration 1 yr

Due to

Due to arterio-sclerosis — Duration ?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence

(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? (Specify type of place)

While at work (e) Means of injury

23. Signature R. J. Bressman (M. D. or other)

Address Chillicothe, Mo Date signed 1/12/44

458 (Licensed Embalmer's Statement on Reverse Side)

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

E. R. Norman, Registered Apprentice No.

working under my personal supervision.

Signed E R Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, Missouri.

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!