S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38715

Registration District No. 155 Primary Registration District No. 4245 Registrar's No. 170

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Oronogo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Oronogo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William B. Lipe
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Inez Lipe
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 30 (Day) 1893 (Year)

8. AGE: Years 54 Months 5 Days 11 If less than one day hr. min.

9. Birthplace Elkland (City, town, or county) Missouri 6 (State or foreign country)
10. Usual occupation Miner
11. Industry or business

FATHER
12. Name Aaron Lipe
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Jane Phifer
15. Birthplace (City, town, or county) Missouri 6 (State or foreign country)

16. (a) Informant Widow Inez Lipe
(b) Address Oronogo, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/14/47 (Month) (Day) (Year)
(c) Place: burial or cremation Oronogo Cemetery
18. (a) Signature of funeral director Hedge-Lewis
(b) Address Webb City, Mo.
19. (a) Nov 14-47 (Date received local registrar) (b) [signature] (Registrar's signature) 1 27

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11 year 1947 hour 6:45 minute A. M.

21. I hereby certify that I attended the deceased from 2-21, 1947, to 11-11, 1947; that I last saw him alive on 11-3, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 94P
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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) 1
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) DO
Address Webb City, Mo. Date signed 11/14/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-11-875

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 Leonard J. Lewis Jr., Registered Apprentice No. 46, working under my personal supervision.

Signed E. W. Hedgt

Licensed Embalmer No. 2859

P. O. Address Neb City Neb

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.