

FILED JUN 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18711

State File No.

Registration District No. 37

Primary Registration District No. 4049

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Boone
 (b) City or town Centralia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Hendens Convalescent Home ✓
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community Entire
 years, months & days)

3. (a) PRINT FULL NAME Columbus J. Stipp

3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex MO 5. Color or race W
 6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Lucrecia Stipp
 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Jan. 1 - 1863
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 5 8 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name John Stipp13. Birthplace Indiana
(City, town, or county) (State or foreign country)14. Maiden name Jo Ann Jolley15. Birthplace Indiana
(City, town, or county) (State or foreign country)16. (a) Informant MRS. C. J. Stipp(b) Address CENTRALIA, Mo.

17. (a) Burial (b) Date thereof 6/15-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery(a) Signature of funeral director Paul P. Balkew(b) Address Centralia, Missouri

19. (a) June 15-48 (b) Maud Mc Bride
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
 (c) City or town Centralia 1
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. 0
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
 year 1948 hour 3 minute 55 A. M.

21. I hereby certify that I attended the deceased from JUNE 1
1948, to JUNE 10 ⁵⁵ 1948;

that I last saw him alive on JUNE 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
 Duration 2 YRS.

Due to Senility

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

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?

While at work?.....
(Specify type of place) (c) Means of injury23. Signature Maud Mc Bride M. D. or otherAddress Centralia Mo Date signed 6/15/48

RECEIVED
District Health Officer No. 91
District File Number
Date Filed JUN 24 1948

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed *Paul J. Ballew*

Licensed Embalmer No. *4206*

P. O. Address *Centerville, Mo.*

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.