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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35769**  
Registrar's No. **376**

Registration District No. **43** Primary Registration District No. **3007**

1. PLACE OF DEATH:  
(a) County **Butler**  
(b) City or town **Poplar Bluff**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Lucy Lee Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 da.**  
(Specify whether years, months or days) **30 yrs.**

3. (a) PRINT FULL NAME **Jacob Lipovsek**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **July 25 1875**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**73 3 10** hr. min.

9. Birthplace **Slavania**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Unknown**  
13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Rudolph Lipovsek**  
(b) Address **Wadsworth, Kansas**

17. (a) **Burial** (b) Date thereof **11/8/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Poplar Bluff, Mo.**

18. (a) Signature of funeral director **Greer Croy & Fitch**  
(b) Address **Poplar Bluff, Mo.**

19. (a) **11-10-48** (b) **B. W. McPheters**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Butler** **12**  
(c) City or town **Neelyville**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Star Route**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **5**  
year **1948** hour **1** minute **A. M.**  
21. I hereby certify that I attended the deceased from **Nov 2** 19**48** to **Nov 5** 19**48**  
that I last saw h. **im** alive on **Nov. 5** 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral THROMBOSIS**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **BRONCHOPNEUMONIA**  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **107**  
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 injury \_\_\_\_\_  
Signature **J. W. McPheters** (M. D. or other) **MD**  
Address **Poplar Bluff, Mo.** Date signed **11-6-48**

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

RECEIVED

District Health Office No. 2

District File Number 1148-1534

Date Filed 11-15-48

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

*Russell J. Vaughan*

Registered Apprentice No. 233

working under my personal supervision.

Signed *Wallace W. Fitch*

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.