

FILED AUG 6 1949 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 23684

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3058

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) YEARS 8		48	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2827 CYPRESS 1		d. STREET ADDRESS (If rural, give location) 2827 CYPRESS 8	

3. NAME OF DECEASED (Type or Print) a. (First) ANNIE b. (Middle) CATHERINE c. (Last) TIPTON			4. DATE OF DEATH (Month) (Day) (Year) JULY 11-1949		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH FEB-1-1876		9. AGE (In years last birthday) 73 YEARS		IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MACKS CREEK MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME PLEASANT NOLAND		13b. MOTHER'S MAIDEN NAME KATHRYN HART		14. NAME OF HUSBAND OR WIFE ROBERT L. TIPTON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MISS DOROTHY TIPTON ADDRESS 2827 CYPRESS KANSAS CITY, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy leftside hemiplegia		INTERVAL BETWEEN ONSET AND DEATH 5-14-49	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Cerebral sclerosis.			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 1, 1948, to 7-11, 1949, that I last saw the deceased alive on 7-10, 1949, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE GEORGE M. FOLK MD (Degree or title)		23b. ADDRESS 11037 Walnut Rd. Jacks. Mo.		23c. DATE SIGNED 7-12-49	
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		24b. DATE JULY-13-1949		24c. NAME OF CEMETERY OR CREMATORY MACKS CREEK MISSOURI	
24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.		25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer		ADDRESS 1331 BRUSH CREEK	
DATE REC'D BY LOCAL REG. 7-13-49		REGISTRAR'S SIGNATURE Geraldine Holmes			

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

77-21-2
[Faint handwritten notes]

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Bernard L. Loun

Licensed Embalmer No. 4250

P. O. Address A. C. Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.