

FILED APR 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13929
State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>247</u>		PRIMARY REG. DIST. NO. <u>5840</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>NEWTON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>9 MILES N.W. WENTWORTH, MO</u>		c. LENGTH OF STAY (in this place) <u>Life time</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>9 MILES N.W. WENTWORTH, MO</u>		d. STREET ADDRESS (If rural, give location) <u>Rural 073</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ENTIRE LIFE</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANTHONY</u>			b. (Middle) <u>STIPP</u>			c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 30 1950</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>1880</u>		9. AGE (years) (Months) (Days) (Hours) (Min.) <u>NOT KNOWN</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER OWNER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	
11. BIRTHPLACE (State or foreign country) <u>BARRY CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>MO. SA.</u>		13a. FATHER'S NAME <u>MARTIN STIPP</u>		13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>EMELIA STIPP</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS EMELIA STIPP WENTWORTH, MO</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>According to paralysis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>357X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>3 years</u>	
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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>MAR 30, 1950</u> , and that death occurred at <u>11 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. S. Sarcovic</u>				23b. ADDRESS <u>Mo.</u>		23c. DATE SIGNED <u>4-4-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 3-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PULASKI FIELD CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>5 MILES S. OF PIERCE CITY MO</u>	
DATE REC'D BY LOCAL REG. <u>April 7, 1950</u>		REGISTRAR'S SIGNATURE <u>M. L. Young</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thibe Bros</u>		ADDRESS <u>Pierce City, Mo</u>	

(I. Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. Newton Co. Health Dept.

District File Number 450-81

Date Filed APR 11 1950

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

Edwin P. Wilks

Student Embalmer No. _____

working under my personal supervision.

Signed

Edwin P. Wilks

Signed _____

Student Embalmer

Licensed Embalmer No.

4131

P. O. Address

Pierce City, 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.