

FILED AUG 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27512

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5775 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hudson (Rural)</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Eagle</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lakeview Rest Home</b>		d. STREET ADDRESS (If rural, give location) <b>R.F.D #2 Macon</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Samuel</b>	b. (Middle) <b>Pearl</b>	c. (Last) <b>Tipton</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 4 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>August 28, 1879</b>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>70 11 7</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (State or foreign country) <b>S. Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Major Tipton</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	13c. NAME OF HUSBAND OR WIFE <b>Deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Perlie Tipton</b>	ADDRESS <b>Macon, Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Endocarditis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Nephritis</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>592X</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **May 2, 1950**, to **July 31, 1950**, that I last saw the deceased alive on **July 31, 1950**, and that death occurred at **7:10 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. D. Edwards M.D.</b>	23b. ADDRESS <b>Macon, Mo.</b>	23c. DATE SIGNED <b>8/8/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug 6, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Kelley Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>R.F.D #2 Macon Mo.</b>
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DATE REC'D BY LOCAL REG. <b>8-15-50</b>	REGISTRAR'S SIGNATURE <b>Keith Mcneely</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Stephens</b>	ADDRESS <b>30 Goodding Macon, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECORDED 8-22-50  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 850-163  
Date Filed 8-24-50

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.

Student Embalmer No. ....

Signed Charles L. Hutto

Signed.....  
Student Embalmer

Licensed Embalmer No. 4577

P. O. Address Macon, 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.