

S. No. 38
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FILED FEB 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1915
Registrar's No. 3

BIRTH NO.		REG. DIST. NO. 233		PRIMARY REG. DIST. NO. 5813		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY Montgomery				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montgomery			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Upper Loutre		c. LENGTH OF STAY (In this place) 45 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Upper Loutre		0700	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 miles South Wellsville				d. STREET ADDRESS (If rural, give location) 2 miles South Wellsville			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) LUTHER		c. (Last) FIPPS		4. DATE OF DEATH (Month) (Day) (Year) Jan. 27 1951	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 30 1873	
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR 11 Months		IF UNDER 1 YEAR 27 Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Montgomery County Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME David Fipps			13b. MOTHER'S MAIDEN NAME Sarah Davis			14. NAME OF HUSBAND OR WIFE Mary Fipps	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Mary Fipps Wellsville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Central Nervous Age</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Septicemia</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>L</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>331X</u> <u>✓</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) <u>✓</u>		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) <u>✓</u>		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 <u>Jan 26, 1951</u> , to <u>Jan 27, 1951</u> , that I last saw the deceased alive on <u>Jan 26, 1951</u> , and that death occurred at <u>3:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. G. Beland M.D.</u>				23b. ADDRESS <u>Wellsville Mo</u>		23c. DATE SIGNED <u>1-31-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/29/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville City Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Wellsville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-31-51</u>		REGISTRAR'S SIGNATURE <u>W. S. Romano</u>		425		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. B. Kell</u> <u>Wellsville Mo</u>	

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB - 5 1951

RECEIVED

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 _____
Student Embalmer

Signed *KB Wells*

Licensed Embalmer No. *1588*

P. O. Address *Wellsville 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.