

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12903

Registrar's No. 133

0485

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

BIRTH NO. _____		REG. DIST. NO. 186		PRIMARY REG. DIST. NO. 3026		State File No. 12903	
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 Independence		c. LENGTH OF STAY (In this place) 1 1/2 mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		3398	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanatorium				d. STREET ADDRESS (If rural, give location) 2924 Michigan /			
3. NAME OF DECEASED (Type or Print) a. (First) Amos			b. (Middle) Lippincott			c. (Last) Lippincott	
4. DATE OF DEATH (Month) (Day) (Year) April 8, 1951		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Mar. 17, 1867		9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired patternmaker		11. BIRTHPLACE (State or foreign country) Pennsylvania /	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Olive Halstead Lippincott	
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. 494-12-7180A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Margaret Halstead, 7411 Montgall, K.C. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary atherosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis - generalized. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mitral valve disease				INTERVAL BETWEEN ONSET AND DEATH 7/25/1951 years.	
19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 334 X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 7/25/51, 1951, to 4/8/1951, 1951, that I last saw the deceased alive on 4-7-1951, and that death occurred at 7:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE R. J. Gardner (Degree or title) 0				23b. ADDRESS Independence, Mo		23c. DATE SIGNED 4-9-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal 4		24b. DATE 4-10-51		24c. NAME OF CEMETERY OR CRÉMATORY Glen Wild Cemetery		24d. LOCATION (City, town, or county) (State) Westline, Missouri	
DATE REC'D BY LOCAL REG. APR. 9-1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. KANSAS CITY, MO.			

APR 1 9 RECD

MAY 3 1 1962

Rev. Hand
604 W. ...
9/11/62
J. R. Mc
Judy, 625 E
MAY 3 1962

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 *J. R. Mc*

Licensed Embalmer No. *4694*

P. O. Address *R. C. 1220*

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.