

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33320

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 95

0411

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

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Home in Bethany</u>	c. LENGTH OF STAY (in this place) <u>11 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Home in Bethany</u> <u>0411</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South 12th Street</u>		d. STREET ADDRESS (If rural, give location) <u>South 12th Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ora</u> b. (Middle) <u>Perd</u> c. (Last) <u>Lippencott</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 19 1951</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Aug 3 1893</u>		9. AGE (In years last birthday) <u>58</u> IF UNDER 1 YEAR: Months <u>2</u> Days <u>16</u> IF UNDER 24 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barber</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Johana Lippencott</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Hunter</u>	14. NAME OF HUSBAND OR WIFE <u>Fay Lippencott</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fay Lippencott</u> ADDRESS <u>Bethany 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General debility</u>		<u>3 years</u>
	DUE TO (c) <u>Cerebral hemorrhage</u>		<u>3 years</u>
	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 <u>352X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 July 1949 to 10-19, 1951, that I last saw the deceased alive on 10-19, 1951, and that death occurred at 10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Leonard R. Lee M.D.</u>	23b. ADDRESS <u>Bethany MO</u>	23c. DATE SIGNED <u>10-21-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 21 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Weaver Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Harrison County MO</u>
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DATE REC'D BY LOCAL REG. <u>10/26-51</u>	REGISTRAR'S SIGNATURE <u>Zile Currie</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Noble &amp; Son</u> ADDRESS <u>New Hanover MO</u>
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**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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

W H Noble

Licensed Embalmer No. 2904

P. O. Address W Hampton, 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.