

FILED FEB 28 1952

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH 1211 State File No. 4732

BIRTH NO. _____ REG. DIST. NO. 136 PRIMARY REG. DIST. NO. 5498 Registrar's No. 2

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Harrison | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Harrison | |
| b. CITY (If outside corporate limits, write RURAL and give township) Eagleville, Mo | | c. CITY (If outside corporate limits, write RURAL and give township) Eagleville, Mo. 0410 | |
| c. LENGTH OF STAY (in this place) 2 6 yrs | | d. STREET ADDRESS (If rural, give location) none | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Home, Eagleville, Mo | | | |

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|---|-----------------------------|---|--|---|--|
| 3. NAME OF DECEASED a. (First) VIRGIL b. (Middle) HAROLD c. (Last) LIPPINCOTT | | | 4. DATE OF DEATH (Month) (Day) (Year) Feb 11, 1952 | | |
| 5. SEX Male | 6. COLOR (OR RACE) White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Oct 12, 1896 | 9. AGE (In years last birthday) 55 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchboard Operator | | 10b. KIND OF BUSINESS OR INDUSTRY Operator | | 11. BIRTHPLACE (State or foreign country) Harrison Co. Mo. | |
| 12a. FATHER'S NAME Joshua Lippincott | | | 13b. MOTHER'S MAIDEN NAME Nancy Hunter | | 14. NAME OF HUSBAND OR WIFE Mary May Lippincott |

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|---|--|--|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no | | 16. SOCIAL SECURITY NO. 495-07-0284 | | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mary May Lippincott, Eagleville, Mo | |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary (occlusion) disease | | | | INTERVAL BETWEEN ONSET AND DEATH 1 hr | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | |
| | | DUE TO (b) _____ | | | | | |
| | | DUE TO (c) _____ | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|---|--|--|--|---|--|
| 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) 4201 | |
| 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 2-11, 1952, to 2-11, 1952, that I last saw the deceased alive on 2-11, 1952, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

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|-------------------------------------|--|-------------------|--|----------------------------|--|-----------------------------|--|
| 23a. SIGNATURE W. A. Boyer, M.D. | | (Degree or title) | | 23b. ADDRESS Bethany Mo | | 23c. DATE SIGNED 2-13-52 | |
|-------------------------------------|--|-------------------|--|----------------------------|--|-----------------------------|--|

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|--|--|-------------------------|--|--|--|--|--|
| 24a. BURIAL CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Feb 14, 52 | | 24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery | | 24d. LOCATION (City, town, or county) (State) Eagleville, Mo. | |
|--|--|-------------------------|--|--|--|--|--|

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|---------------------------------------|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. 2-26-1952 | | REGISTRAR'S SIGNATURE Florence C. Powell | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Gerald W. Boggess, Eagleville, Mo | |
|---------------------------------------|--|---|--|---|--|

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

3410

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. _____

Student
Student Embalmer

Signed Gerald W. Boyers

Licensed Embalmer No. 4762

P. O. Address Eagleville, 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.