

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7775

FILED APR 7 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>LIBERTY, Rural</u>		c. LENGTH OF STAY (in this place) <u>3 MO</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>EXCELSIOR SPRINGS 0242</u>		d. STREET ADDRESS (If rural, give location) <u>223 S. FRANCIS</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>I.O.O.F. Home Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Mitchell</u> c. (Last) <u>Tipton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 30 1952</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>AUG. 21, 1873</u>	9. AGE (In years last birthday) <u>78</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U.S. DEPT. OF LABOR</u>
10a.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ROCKPORT, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Tipton</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ETTA MITCHELL</u>		14. NAME OF HUSBAND OR WIFE <u>HARRIETT E. TIPTON</u>	
15. WAS DECEASED EVER IN ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes 1895-1896</u>	16. SOCIAL SECURITY NO. <u>486-41-4168</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LESTER G. TIPTON RT 10 N.Y.C.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inanition!!!</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chylous ascites - Embolus of liver. Hypertension, Nephritis. Weakness</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 year or less</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Weakness</u>		20. AUTOPSY? <u>5810</u> <u>Specified</u> 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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</u> , 19 <u>52</u> , to _____, 19____, that I last saw the deceased alive on <u>Feb 29, 1952</u> , and that death occurred at <u>4:50 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Wm A Goodson M.D.</u> (Degree or title)		23b. ADDRESS <u>Liberty Mo.</u>		23c. DATE SIGNED <u>3/31/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APRIL 2, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MARTIN CEM</u>	24d. LOCATION (City, town, or county) (State) <u>AUXVASSE, MO.</u>		
DATE REC'D BY LOCAL REG. <u>March 31-1952</u>	REGISTRAR'S SIGNATURE <u>Minnie Haynes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>NEWCOMER'S SONS</u>	ADDRESS <u>NORTH KANSAS CITY</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *John Virgil Fenwick Jr.*.....

Licensed Embalmer No. *4848*.....

P. O. Address *832 Arrow Rd. N.*.....

**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.