

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9041

State File No. ....

FILED APR 8 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY OR TOWN <u>Macon</u>		c. CITY OR TOWN <u>Macon</u> <u>0611</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Hyde &amp; Goggin Sts</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hyde &amp; Goggin Sts</u>			
3. NAME OF DECEASED a. (First) <u>Henry</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Tipton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 3 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 18, 1869</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	9. AGE (In years last birthday) <u>82</u> If under 1 year: Months _____ Days _____ If under 24 hours: Hours _____ Min. _____
		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.R.</u>

13a. FATHER'S NAME <u>Major Tipton</u>	13b. MOTHER'S MAIDEN NAME <u>UNK KNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah E Tipton</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>no.</u>	17. INFORMANT'S SIGNATURE OR NAME / ADDRESS <u>Mrs. Leona Jones Macon, 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Encephalitis</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>7 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Hypertension / Heart Disease</u>		
	DUE TO (c) <u>Senile Debility</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio Sclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>44-3X</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 3/3, 1952, to 3/3, 1952, that I last saw the deceased alive on 3/3, 1952 and that death occurred at 9:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul Mason M.D.</u>	23b. ADDRESS <u>Macon Mo.</u>	23c. DATE SIGNED <u>3/5/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/7/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kellogg Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Macon Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS <u>Stephens &amp; Woodring Macon Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/26/52</u>	REGISTRAR'S SIGNATURE <u>Wuth Mcneely</u>	

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

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RECEIVED  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 4. 4. 52  
Date Filed 4. 2. 52

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 *Charles L. Hutton*

Licensed Embalmer No. *4577*

P. O. Address *MACON, 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.