

FILED MAR 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11719

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 2075 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 621 No. Sassafras	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence			

3. NAME OF DECEASED (Type or Print) a. (First) Laura		b. (Middle) Bell		c. (Last) Lipe		4. DATE OF DEATH (Month) (Day) (Year) March 7, 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 26, 1867	
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 5 Days 10		IF UNDER 24 HRS. Hours Min. 		11. BIRTHPLACE (State or foreign country) Williamson County, Ill.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired House-keeper				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME Phillip Harris		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Dan Lipe (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Minnie Lipe, Dexter, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Levebra / Hemorrhage		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH Sudden	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b) Arterio sclerosis					
ANTECEDENT CAUSES		DUE TO (c) Senile changes					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 331X				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)		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 **6-20, 1951**, to **3-7, 1952**, that I last saw the deceased alive on **2-7, 1952**, and that death occurred at **7:00 Pm**, from the causes and on the date stated above.

23a. SIGNATURE James O. Cameron D.O. (Degree or title)		23b. ADDRESS 14 N. Walnut Dexter Mo.		23c. DATE SIGNED 3-12-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-10-52		24c. NAME OF CEMETERY OR CREMATORY Dexter	
				24d. LOCATION (City, town, or county) (State) Dexter, Missouri	

DATE REC'D BY LOCAL REG. 3-13-52		REGISTRAR'S SIGNATURE Walter V. Jenkins		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Strickland-Rainey Dexter, Mo.	
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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 _____

Student-Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3479

P. O. Address Heister, 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.