S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13278

MAY 15 1952

BIRTH NO. _____ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 5568 Registrar's No. 197

1. PLACE OF DEATH
a. COUNTY: Jackson (Rural Blue)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 40 Hi-Way & Hardy St.
c. LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Crawford Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 26 East 65th Street Terrace

3. NAME OF DECEASED (Type or Print): a. (First) LOUISA b. (Middle) c. (Last) LIPPHARDT

4. DATE OF DEATH: (Month) 5 (Day) 8 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 7/24/1879
9. AGE (In years last birthday): 72 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Chiropractor
11. BIRTHPLACE (City and State or Foreign Country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: William F. Lipphardt
13b. MOTHER'S MAIDEN NAME: Anna K. Heinecke
14. NAME OF HUSBAND OR WIFE: ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: K.C., Mo. Edward L. Scheufler, 1402 Commerce Bldg.

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) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cardio-Vasc. Renal — 2 yrs.
DUE TO (c) Fracture Femur R 1-14-52 — 4 mo.

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Death not due to fracture.

19a. DATE OF OPERATION: 1-17-52
19b. MAJOR FINDINGS OF OPERATION: Smith-Peterson nail hip R 442XF
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (At, in or about home, farm, factory, street, office bldg., etc.): Crawford Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 40 Hi-Way & Hardy Jackson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1-14-52 6 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fell on floor

22. *I hereby certify that I attended the deceased from* 1-15, 1952 *to* 5-8, 19__ *that I last saw the deceased alive on* 5-8, 1952 *and that death occurred at* 11-30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: F. W. Wakefield (Degree or title) M.D.
23b. ADDRESS: 1102 Grand K.C. Mo.
23c. DATE SIGNED: 5-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/10/52
24c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah
24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE: James R. Carey
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: FREEMAN MORTUARY & CHAPEL, K.C., MO.

354-D (Licensed Embalmer's Statement on Reverse Side)

Mr. Franklin Wakefield -
2000 Bryant Bldg. 1-4:30 pm

MAY 22 1952

MAY 12 1952

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 Clayton R. Barnes

Licensed Embalmer No. 4793

P. O. Address K.C., 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.