

No. 300
10-48

JUL 14 1952

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **19432**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **735**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <i>Buchanan</i>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Joseph</i>	a. STATE <i>Missouri</i>	b. COUNTY <i>Andrew MO</i>
c. LENGTH OF STAY (in this place) <i>4 days</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Savannah</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital no 2</i>		d. STREET ADDRESS (If rural, give location) <i>Rural # 4</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>John</i>	b. (Middle) <i>J</i>	c. (Last) <i>Chipp</i>	4. DATE OF DEATH (Month) (Day) (Year)
				<i>July 11-1952</i>

5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>March 20 1873</i>	9. AGE (In years last birthday) <i>79</i>	10. UNDER 1 YEAR (Days) <i>3</i>	11. UNDER 1 MIN. (Hours) <i>21</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Frank Chipp</i>	13b. MOTHER'S MAIDEN NAME <i>Elizabeth Foster</i>	14. NAME OF HUSBAND OR WIFE <i>Effie Chipp</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Effie Chipp</i>	ADDRESS <i>Savannah Mo</i>
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>		
	ANTECEDENT CAUSES DUE TO (b) <i>arteriosclerosis</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Senile Psychosis</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>331X</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED m. 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 July 7, 1952, to July 11, 1952, that I last saw the deceased alive on July 10, 1952, and that death occurred at 5 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Forrest Thomas MD</i>	23b. ADDRESS <i>St Joseph Mo. 9, Delo Hosp no 2</i>	23c. DATE SIGNED <i>7/11-52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24b. DATE <i>July 13 1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Foster Country</i>	24d. LOCATION (City, town, or county) (State) <i>New Hampton MO</i>
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DATE REC'D BY LOCAL REG. <i>July 11, 1952</i>	REGISTRAR'S SIGNATURE <i>Earl O. Casper</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W S Noble & Son</i>	ADDRESS <i>New Hampton MO</i>
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(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 me

Student Embalmer No. _____

working under my personal supervision.

Signed W. J. Noble

Signed _____
Student Embalmer

Licensed Embalmer No. 2904

P. O. Address New Hampton, 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.