

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26944**

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6230</u>		Registrar's No. <u>128</u>		
1. PLACE OF DEATH a. COUNTY <u>VERNON</u> <u>1080</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>VERNON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-METZ TWP</u>		c. LENGTH OF STAY (in this place) <u>40 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u> <u>1080</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 MILE S-W RICH HILL</u>				d. STREET ADDRESS (If rural, give location) <u>6 MILE-S-W-RICH HILL</u>				
3. NAME OF DECEASED (Type or Print) <u>LOUIS - WILLIAM LIPSCOMB</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>JULY-28-1952</u>		(Month) (Day) (Year)		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>JULY-6-1891</u>		9. AGE (In years last birthday) <u>61</u>		10. MONTHS <u>6</u> 11. DAYS <u>28</u> 12. HOURS <u>11</u> 13. MIN. <u>52</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>GENERAL FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>THOMAS LIPSCOMB</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCES MYERS</u>		14. NAME OF HUSBAND OR WIFE <u>JESSE LIPSCOMB</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Jesse Lipscomb - Rich Hill, Mo.</u> ADDRESS _____				
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) <u>Coronary Artery Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 _____				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) <u>442X</u>				
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 <u>July 2, 1952</u> , to <u>July 28, 1952</u> , that I last saw the deceased alive on <u>July 25, 1952</u> , and that death occurred at <u>11:52</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Rich Hill, Mo</u>		23c. DATE SIGNED <u>Aug 30 1952</u>		
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY-31-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>RICH HILL, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>7-31-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Rich Hill, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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 Robert G. Stenbeck

Licensed Embalmer No. 4657

P. O. Address Butte, 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.