

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32661

State File No.

FILED OCT 9 1952

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6660 Registrar's No. 871

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington TWP.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington TWP. <u>0930</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) R 1 Stockton, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Jennie b. (Middle) Ellen c. (Last) Tipton			4. DATE OF DEATH (Month) (Day) (Year) 8-26-52		
5. SEX Fe.	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-10-89	9. AGE (In years last birthday) 63	# UNDER 1 YEAR # UNDER 1 MONTH # UNDER 1 DAY # UNDER 1 HOUR # UNDER 1 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) Kansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Ben Moringstar		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Ed Tipton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) *		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Ed Tipton, R 1 Stockton, Mo.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Redeemed Endocarditis with ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) advanced mitral regurgitation DUE TO (c) Cardiac & bronchial Asthma			INTERVAL BETWEEN ONSET AND 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 4342		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?	

22. I hereby certify that I attended the deceased from June 29, 1952, to Aug. 16, 1952, that I last saw the deceased alive on Aug. 24, 1952, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Richard J. ...</i>		23b. ADDRESS Humansville, Mo.		23c. DATE SIGNED 8/27/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-28-52		24c. NAME OF CEMETERY OR CREMATORY Holsapple Cemetery	
24d. LOCATION (City, town, or county) (State) St. Clair County Mo.					

DATE REC'D BY LOCAL REG 8-26-1952		REGISTRAR'S SIGNATURE <i>Hubb Seavers</i>		25. FUNERAL DIRECTOR'S SIGNATURE Beckwith Funeral Home, Humansville	
		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

930

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 O. H. Beckwith

Licensed Embalmer No. 3931

P. O. Address Hamersville 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.