V.S. No. 300
REV. 10.48

0140
1

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

FILED DEC 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37893

BIRTH NO. _____ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5159 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Bloomfield
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): In Town

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Callaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Bloomfield
d. STREET ADDRESS (If rural, give location): In Town 0140

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

4. DATE OF DEATH (Month) (Day) (Year): Dec. 4 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 16 - 1879
9. AGE (In years last birthday): 73 — If under 1 year: Months 2, Days 18 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Station
10b. KIND OF BUSINESS OR INDUSTRY: Owner & Operator
11. BIRTHPLACE (State or foreign country): Callaway Co. Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Berrard Tipton
13b. MOTHER'S MAIDEN NAME: Nancy Lumwalt
14. NAME OF ~~HUSBAND~~ OR WIFE: Bonnie Tipton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 495-36-4780
17. INFORMANT'S SIGNATURE OR NAME: Mrs Frank Howell
ADDRESS: New Bloomfield 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

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. Bronchial Pneumonia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331 x
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 29, 1952, *to* Dec 4, 1952, *that I last saw the deceased alive on* Dec 4, 1952, *and that death occurred at* 7:40 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. McD Rude M.D.
23b. ADDRESS: New Bloomfield Mo
23c. DATE SIGNED: Dec 5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 7-52
24c. NAME OF CEMETERY OR CREMATORY: New Bloomfield Cemetery
24d. LOCATION (City, town, or county) (State): New Bloomfield Mo

DATE REC'D BY LOCAL REG.: Dec 5-52
REGISTRAR'S SIGNATURE: Libby Clayson
25. FUNERAL DIRECTOR'S SIGNATURE: Holt Clayson Sr.
ADDRESS: New Bloomfield Mo

(Licensed Embalmer's Statement on Reverse Side)

DEC 22 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 LeRoy Cloypool

Licensed Embalmer No. 4412

P. O. Address New Bloomfield 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.