

FILED FEB 5 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2702

2702

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6036 Registrar's No. 357

1. PLACE OF DEATH a. COUNTY <u>Doniphan Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural - Shirley</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Shirley</u> <u>0910</u>	
c. LENGTH OF STAY (In this place) <u>6 months</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>West Doniphan, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle) <u>Lewis</u>	
c. (Last) <u>Lippincott</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 25, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 30, 1879</u>
9. AGE (In years last birthday) <u>73</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Factory</u>	11. BIRTHPLACE (State or foreign country) <u>Lostant, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Samuel Lippincott</u>	
13b. MOTHER'S MAIDEN NAME <u>Emily Hannum</u>		14. NAME OF HUSBAND OR WIFE <u>Alice Braun Lippincott</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>332-05-3645-A</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roy Hannum Doniphan, Mo.</u>			
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) <u>Endocarditis</u> DUE TO (b) <u>Weak Blood</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ascites</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4330</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>9-12-1952</u> , to <u>1-25-1953</u> , that I last saw the deceased alive on <u>1-21-1953</u> , and that death occurred at <u>9 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Edw. Adams M.D.</u> (Degree or title)		23b. ADDRESS <u>Doniphan, Mo.</u>	
23c. DATE SIGNED <u>1-26-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>Jan. 26, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wenona Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Wenona, Illinois</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Black-Edwards Doniphan, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-27-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 277	

(Licensed Embalmer's Statement on Reverse Side)

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

2910
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FEB 8 1958

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 *John D. Clay*

Licensed Embalmer No. *4475*

P. O. Address *Alton Mo. Box 39*

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.