

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8366

State File No.

FILED MAR 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 116

951
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1. PLACE OF DEATH a. COUNTY <u>ST. GENEVIEVE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. GENEVIEVE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. GENEVIEVE</u>		c. LENGTH OF STAY (In this place) <u>5 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. GENEVIEVE 0951</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>777 JEFFERSON ST</u>			d. STREET ADDRESS <u>777 JEFFERSON ST</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>ARCHIE</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>TIPTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 26 1953</u>		
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>NOV 1 1887</u>	9. AGE (In years last birthday) <u>65</u>	10. MONTHS <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED U.S. NAVY</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>BURLINGTON KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>CHARLES W TIPTON</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA MARIE ADAIR</u>		14. NAME OF HUSBAND OR WIFE <u>MARIE KNOWLTON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>YES WAR I</u>		16. SOCIAL SECURITY NO. <u>466-09-2999</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marie Tipton</u>		
			ADDRESS <u>13. Genevieve Mo</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <u>Chronic Valvular heart disease</u>			
		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>4214</u>	
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 April, 1953, to Feb 26, 1953, that I last saw the deceased alive on Feb 26, 1953, and that death occurred at 4:15 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Lassalle M.D.</u> (Degree or title)		23b. ADDRESS <u>St. Genevieve Mo</u>		23c. DATE SIGNED <u>Feb 26 53</u>	
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>MARCH 1 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALE SPRING</u>	24d. LOCATION (City, town, or county) (State) <u>ST. GENEVIEVE MO</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 27, 1953</u>		REGISTRAR'S SIGNATURE <u>Luille Basler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Basler</u>	
				ADDRESS <u>St. Genevieve Mo</u>	

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

MAR 26 1954

MAY 4 1953

JUN 25 1954

MAR 14 1953

SEP 14 1954

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 Edmund J. Ehler

Licensed Embalmer No. 4740

P. O. Address St. Genevieve, 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.