

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10528**

FILED MAR 30 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5697 Registrar's No. 45

**1. PLACE OF DEATH**  
a. COUNTY Livingston  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rich Hill Twp. c. LENGTH OF STAY (in this place) 4 yrs.  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rich Hill Township  
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 miles N.E. of Chillicothe  
d. STREET ADDRESS (If rural, give location) 6 miles N. E. of Chillicothe

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Livingston

**3. NAME OF DECEASED**  
a. (First) Mary b. (Middle) Margaret c. (Last) Tipton  
4. DATE OF DEATH (Month) (Day) (Year) March 23, 1953

**5. SEX** Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed **8. DATE OF BIRTH** December 19, 1868 **9. AGE** (In years last birthday) 84 **10. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) At Home **10b. KIND OF BUSINESS OR INDUSTRY** \_\_\_\_\_ **11. BIRTHPLACE** (State or foreign country) Carthage, Missouri **12. CITIZEN OF WHAT COUNTRY?** US

**13a. FATHER'S NAME** Cyrus Lilly **13b. MOTHER'S MAIDEN NAME** Louzetta McCloud **14. NAME OF HUSBAND OR WIFE** C. C. Tipton

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service) \_\_\_\_\_ **16. SOCIAL SECURITY NO.** None **17. INFORMANT'S SIGNATURE OR NAME** A. C. Tipton; RR #5; Chillicothe, Mo. **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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) Coronary Thrombosis **INTERVAL BETWEEN ONSET AND DEATH** 9 hrs.  
**ANTECEDENT CAUSES**  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Arteriosclerosis  
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  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) \_\_\_\_\_ **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** 23 Mar., 1953, to 23 Mar., 1953, that I last saw the deceased alive on 23 Mar., 1953, and that death occurred at 3 A. m., from the causes and on the date stated above.

**23a. SIGNATURE** Charles M. Grier (Degree or title) D.F. **23b. ADDRESS** Chillicothe, Mo. **23c. DATE SIGNED** 23 Mar. 1953

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial **24b. DATE** 3-25-53 **24c. NAME OF CEMETERY OR CREMATORY** Humphreys **24d. LOCATION** (City, town, or county) (State) Humphreys, Missouri

**DATE REC'D BY LOCAL REG.** 3/23/53 **REGISTRAR'S SIGNATURE** Francis B. Neill **25. FUNERAL DIRECTOR'S SIGNATURE** Norman Funeral Home; Chillicothe, Mo. **ADDRESS** \_\_\_\_\_

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

590  
L

0590  
6

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Elton F. Norman

Signed.....  
Student Embalmer

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri.

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.