

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11029**

FILED APR 14 1953

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **103**

1. PLACE OF DEATH a. COUNTY Randolph 0883		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Rand. 1 RR.?	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 702 West Coates		d. STREET ADDRESS (If rural, give location) 702 West Coates	

3. NAME OF DECEASED (Type or Print) a. (First) Celia b. (Middle) B. c. (Last) Tipton			4. DATE OF DEATH (Month) (Day) (Year) 4/6/53			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 4/7/1871	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours 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) Center, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME David Griffin	13b. MOTHER'S MAIDEN NAME Ellen Rice	14. NAME OF HUSBAND OR WIFE Major Tipton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME Mrs. H. Rutherford ADDRESS Moberly, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH several months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis		?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. abdominal tumor		?	

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION nature & cause undetermined, 4/22/53	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) W	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **March 17/53** to **April 6/53**, that I last saw the deceased alive on **April 4/53**, and that death occurred at **12:30 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. L. E. Hubert, M.D.	23b. ADDRESS Moberly, Mo.	23c. DATE SIGNED 4/7/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/8/53	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	24d. LOCATION (City, town, or county) (State) Madison Missouri
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DATE REC'D BY LOCAL REG. 4-8-53	REGISTRAR'S SIGNATURE Leah Williams	25. FUNERAL DIRECTOR'S SIGNATURE Marion E. Walker ADDRESS Moberly, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Maria E. Miller

Licensed Embalmer No. 3957

P. O. Address MOBERLY, 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.