

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

17208

State File No. _____

FILED MAY 21 1953

43

3007

197

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>197</u>		
1. PLACE OF DEATH a. COUNTY <u>Butler 01240</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hayes 1110</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louder</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brandon Hospital</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELVIS</u> b. (Middle) <u>JESS</u> c. (Last) <u>LIPE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-10-53</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>Dec. 5, 1901</u>		
9. AGE (In years last birthday) <u>51</u>		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) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Mar. Gen., Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Melvin Lipe</u>			13b. MOTHER'S MAIDEN NAME _____			14. NAME OF HUSBAND OR WIFE <u>Ella Mae Louder</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ella Mae Lipe</u> ADDRESS <u>Louder, 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, asthenia, etc. It means the disease, injury, or complication which caused death.								
MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage</u>						<u>5-6-53</u>		
ANTECEDENT CAUSES DUE TO (b) <u>Duodenal Ulcer</u>						<u>12 Months</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 <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>5-6-53</u> , 19 <u> </u> , to <u>5-10-53</u> , 19 <u> </u> , that I last saw the deceased alive on <u>5-10-53</u> , 19 <u> </u> , and that death occurred at <u>7:45P m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. F. Brandon, MD</u> (Degree or title)				23b. ADDRESS <u>1124 N. Main, Poplar Bluff</u>		23c. DATE SIGNED <u>5-12-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-12-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Louder</u>		24d. LOCATION (City, town, or county) (State) <u>Louder Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5/12/53</u>		REGISTRAR'S SIGNATURE <u>G. A. Wheeler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. Anderson</u> ADDRESS <u>Greenville, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

300
45

RECEIVED
MAY 18 1953

BUTLER CO. HEALTH CENTER

FILE No. _____

NOV 16 1955

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Morris E. Bowles

Licensed Embalmer No.

4426

P. O. Address

Budmont, Pa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.