

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2286**

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **5936** Registrar's No. **81**

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Crawford</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Smithton</b>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>Frontenac</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Highway 50 east of Smithton</b>		e. STREET ADDRESS <b>None</b> (If rural, give location) <b>8152</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>STANLEY</b>	b. (Middle) <b>F.</b>	c. (Last) <b>LIPASEK</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 5, 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>June 8, 1910</b>	9. AGE (In years last birthday) <b>43</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Unemployed</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>*****</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Frontenac, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Joseph Lipasek</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>*****</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <b>Yes</b> (If yes, give year or date of service) <b>World War II</b>	16. SOCIAL SECURITY <b>509-34-9808</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John A. Lipasek</b>	ADDRESS <b>Frontenac, Kansas</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fractured skull due to automobile accident</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>automobile accident</b>		
	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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Public Highway</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Pettis</b> <b>Miss</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>2-5-54 1:10 A.M.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Missed Curve on highway</b>
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22. I hereby certify that I ~~observed~~ <sup>viewed</sup> the deceased **as Roman**, 10, that I lost saw the deceased alive on **19**, and that death occurred at **1:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Chas. J. Anderson</b> (Degree or title)	23b. ADDRESS <b>Commerce, Pettis Co</b>	23c. DATE SIGNED <b>2-5-54</b>
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24a. BURIAL, CREMATION, REMOVAL <b>Removal</b>	24b. DATE <b>Feb. 6, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Carmel</b>	24d. LOCATION (City, town, or county) (State) <b>Frontenac, Kansas</b>
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DATE RECD BY LOCAL REG. <b>2/6/54</b>	REGISTRAR'S SIGNATURE <b>R. G. Campbell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Leanne Ewing</b>	ADDRESS <b>Sedalia, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48

FEB 16 1954

FEB 19 1954

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**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.....  
Signature of Student Embalmer

Signed *A. E. Baker*.....

Licensed Embalmer No. *241*

P. O. Address *Sedalia*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.