

No. 300
10-48

FILED MAY 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11768

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 410

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene 0370	
b. CITY (If outside corporate limits, write RURAL and give town) Springfield		c. CITY OR TOWN Springfield	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 28 yrs		e. STREET ADDRESS (If rural, give location) 2206 West Phelps	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2206 West Phelps			

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) D. c. (Last) LIPE			4. DATE OF DEATH (Month) (Day) (Year) April 23, 1954		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 31, 1881	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 2 Days 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Stockman		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Barry County 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Lipe		13b. MOTHER'S MAIDEN NAME Emma Linn		14. NAME OF HUSBAND OR WIFE Mabel Lipe	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Geo. Lipe, Springfield, Mo.	

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		ANTECEDENT CAUSES		8 hrs	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		1 year	
DUE TO (b) Decompensating Heart		DUE TO (c) Senility			
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 4201		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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **8-17-1953** to **4-23-1954** that I last saw the deceased alive on **4-23-1954**, 1954, and that death occurred at **10:00 a.m.**, from the causes and on the date stated above:

23a. SIGNATURE C. E. Feller M.D. (Degree or title)		23b. ADDRESS 609 Cherry Springfield Mo.		23c. DATE SIGNED 4-24-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/25/54		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.	
24d. LOCATION (City, town, or county) (State) Monett, Mo.					

DATE REC'D BY LOCAL REG. 4-27-54		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. W. Buchanan Monett Mo.	
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WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed *J. P. Buchanan*.....

Licensed Embalmer No. *3149*.....

P. O. Address *Monroeville*.....

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.