

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18374

|  |   |  |  |  |  |   |   |
|--|---|--|--|--|--|---|---|
| BIRTH NO. _____  |   | REG. DIST. NO. <u>77</u>   |  | PRIMARY REG. DIST. NO. <u>3016</u>   |  | Registrar's No. <u>185</u>  |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>COLE</u>   |   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>MORGAN</u> |  |   |   |
| b. CITY OR TOWN <u>JEFFERSON City</u>  |   | c. LENGTH OF STAY (in this place) <u>3 1/2 months</u>  |  | c. CITY OR TOWN <u>VERSAILLES</u>  |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Hospital</u>  |   |  |  | e. STREET ADDRESS (If rural, give location) <u>0710</u>  |  |   |   |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>B.</u> c. (Last) <u>TIPTON</u>  |   |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 8 54</u> |  |  |   |   |
| 5. SEX <u>FEMALE</u>   | 6. COLOR OR RACE <u>White</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>   | 8. DATE OF BIRTH <u>— 1871</u>                         |  | 9. AGE (In years last birthday) <u>82</u>                          | 10. UNDER 1 YEAR Months _____ Days _____  | 11. UNDER 1 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan County, Mo</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |   |
| 13a. FATHER'S NAME <u>Henry Tipton</u>   |   |  | 13b. MOTHER'S MAIDEN NAME <u>Nancy Todd</u>            |  | 14. NAME OF HUSBAND OR WIFE _____                                  |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give year or dates of service) <u>No</u>  |   | 16. SOCIAL SECURITY NO. <u>NONE</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Clark Droker - Versailles, Mo</u> ADDRESS _____   |  |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                                | <p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Putrifying Embolism</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Compounded fracture of Rt. femur</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>minutes</u><br><br><u>4 months</u>   |   |
| 19a. DATE OF OPERATION <u>3/20/54</u>  | 19b. MAJOR FINDINGS OF OPERATION <u>Compounded fracture of Rt. femur</u>  |  |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>   |   | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>South of Versailles, Morgan Mo</u> |  | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Versailles Morgan Mo</u>  |  |   |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 15, 1954 2 m.</u>   |   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>              |  | 21f. HOW DID INJURY OCCUR? <u>auto accident 071</u>  |  |   |   |
| 22. I hereby certify that I attended the deceased from <u>Mar 15, 1954</u> to <u>July 8, 1954</u> , that I last saw the deceased alive on <u>July 8, 1954</u> , and that death occurred at <u>1:30 P. M.</u> , from the causes and on the date stated above. |   |  |  |  |  |   |   |
| 23a. SIGNATURE <u>Francis J. Munn M.D.</u> (Degree or title)   |   |  | 23b. ADDRESS <u>Jefferson City, Mo</u>                 |  |  | 23c. DATE SIGNED <u>7/8/54</u>  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>EMO 537</u>   |   | 24b. DATE <u>July 8, 54</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Freedom Cem.</u> |  | 24d. LOCATION (City, town, or county) (State) <u>Versailles Mo</u> |   |   |
| DATE REC'D BY LOCAL REG. <u>July 8-1954</u>  |   | REGISTRAR'S SIGNATURE <u>R.P. Davis MD - DR</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. K. Dewell - Versailles Mo</u> ADDRESS _____  |  |   |   |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

NOV 23 1954

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 *E. J. Pasternak*  
Licensed Embalmer No. *402*  
P. O. Address *Perzailles, 1*

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.