

FILED JUL 13 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19354

BIRTH NO. 3976854 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 301

1. PLACE OF DEATH a. COUNTY <i>Jasper</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Jasper</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Joplin</i>		c. CITY OR TOWN <i>Joplin</i> 04	
c. LENGTH OF STAY (in this place) <i>1 1/2 hrs</i>		d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Johns Hospital</i>	
3. NAME OF DECEASED a. (First) <i>Deek</i>		b. (Middle) <i>Lippin</i>	
c. (Last) <i>Lippin</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>July 2, 1954</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>July 7 - 1952</i>
9. AGE (In years last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Chief</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>St. Johns Hosp Joplin, Mo.</i>
12. CITIZEN OF WHAT COUNTRY?	13a. FATHER'S NAME <i>Boyd Lippin</i>	13b. MOTHER'S MAIDEN NAME <i>Patricia Campbell</i>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Boyd Lippin R-41 Carl Jct. Mo.</i>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Prematurity -</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Blat Obstructions</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7625	
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 <i>July 2, 1954</i> , to <i>July 2, 1954</i> , that I last saw the deceased alive on <i>July 2, 1954</i> , and that death occurred at <i>8:54 a.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>G. A. Schulte, M.D.</i>		23b. ADDRESS <i>421 Frisco Bldg, Joplin, Mo</i>	
23c. DATE SIGNED <i>7/3/54</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>July 3 - 1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Fairview Cem</i>	24d. LOCATION (City, town, or county) (State) <i>Joplin Mo.</i>
DATE REC'D BY LOCAL REG. <i>7-9-54</i>	REGISTRAR'S SIGNATURE <i>Ed S. James</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Thornhill-Dillon</i>	

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

*Lounsbury*

RECEIVED JUL 12 1954

Jasper County Health Office  
County File Number 5-38

Date Filed JUL 12 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.....

Licensed Embalmer No.....

P. O. Address.....

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.