

S. No. 300  
V. 10.48

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41922**  
Registrar's No. **462**

BIRTH NO.		REG. DIST. NO. <b>274</b>		PRIMARY REG. DIST. NO. <b>30520</b>		Registrar's No. <b>462</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Pettis</b>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Pettis</b>	
c. LENGTH OF STAY (in this place) <b>41 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>		d. STREET ADDRESS (If rural, give location) <b>1218 E. 6th</b>		<b>0804</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bothwell Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>1218 E. 6th</b>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <b>Lula</b>	b. (Middle) <b>Nancy</b>	c. (Last) <b>Lippoldt</b>	Month <b>Dec</b>	Day <b>20</b>	Year <b>1954</b>	Female	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>July 12 1870</b>		9. AGE (in years last birthday) <b>84</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Tipton Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Francis Fry</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Greer</b>		14. NAME OF HUSBAND OR WIFE <b>Louis Lippoldt</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Louis Lippoldt</b>		18. CAUSE OF DEATH		19. INTERVAL BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				19. INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Embolism</b>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				INTERVAL BETWEEN ONSET AND DEATH	
		DUE TO (b) <b>Bowel Impaction</b>				INTERVAL BETWEEN ONSET AND DEATH	
		DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH	
		II. OTHER SIGNIFICANT CONDITIONS				INTERVAL BETWEEN ONSET AND DEATH	
		Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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?		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from <b>Dec 19 - 1954</b> , to <b>Dec 20, 1954</b> , that I last saw the deceased alive on <b>Dec 19, 1954</b> , and that death occurred at <b>7 1/2 m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Louis Lippoldt M.D.</b>				23b. ADDRESS <b>Sedalia Mo</b>		23c. DATE SIGNED <b>Dec 21-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-22-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>900 F Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Tipton Mo</b>		
DATE RECD BY LOCAL REG. <b>12/31/54</b>		REGISTRAR'S SIGNATURE <b>John [unclear]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>McLaughlin Bros</b>		ADDRESS <b>Sedalia</b>	

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

0804

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(I, Needed Embalmer's Statement on Reverse Side)

JUL 19 1956

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 .....  
Student Embalmer

Signed

*K P M Crary*

Licensed Embalmer No. 3153

P. O. Address Sodalia Mo

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