

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **466**

BIRTH NO. 4102654 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston</b> <u>1003</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <b>719 East Gladys</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>			

3. NAME OF DECEASED a. (First) <b>DONALD</b> b. (Middle) <b>DEAN</b> c. (Last) <b>TIPPY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 19, 1955</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>	8. DATE OF BIRTH <b>June 16, 1954</b>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Sikeston, Missouri</b> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Vernon Tippy</b>		13b. MOTHER'S MAIDEN NAME <b>Wanda Lee Nimmo</b>		14. NAME OF HUSBAND OR WIFE <b>---</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>---</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Vernon Tippy, 719 E. Gladys, Sikeston</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>58 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gastroenteritis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>? Septicemia</b>		<b>3 days</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>5710</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (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 18 Jan, 1955 to 19 Jan, 1955, that I last saw the deceased alive on 19 Jan, 1955, and that death occurred at 11:15m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>James A. Kinley, M.D.</b>	23b. ADDRESS <b>Cape Girardeau, Mo.</b>	23c. DATE SIGNED <b>26 Jan 55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 20, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Sikeston, Mo.</b>
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DATE REC'D BY LOCAL REG <b>1-27-55</b>	REGISTRAR'S SIGNATURE <b>T. C. Summers</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Edward G. Nunnelee</b>	ADDRESS <b>Nunnelee Funeral Chapel, Sikeston, MO</b>
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WRITE PLAINLY—USING UNFADING 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 .....  
Student Embalmer

Signed Philip J. Cassidy

Licensed Embalmer No. 4618

P. O. Address Sikeston, 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.