

FILED MAR 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4585**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY <b>Grundy</b> <b>0</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Grundy</b>	
b. CITY OR TOWN <b>Trenton</b>	c. LENGTH OF STAY (in this place township) <b>Four minutes</b>	c. CITY OR TOWN <b>Trenton</b>	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 <b>Cullens Hospital</b>		f. STREET ADDRESS (If rural, give location) <b>Plaza Hotel</b> <b>04020</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jacob</b> b. (Middle) <b>ERWIN</b> c. (Last) <b>Tipton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 14 1955</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb 23 1900</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>21</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABOR OPERATOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Reger, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Luther Tipton</b>		13b. MOTHER'S MAIDEN NAME <b>Raddie Givins</b>		14. NAME OF HUSBAND OR WIFE <b>Elsie Wilson Tipton</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Elsie Tipton Trenton Mo.</b> ADDRESS _____	
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute coronary occlusion</b>		<b>20 minutes</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary atherosclerosis</b> DUE TO (c) _____		<b>2 yrs.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Had had chest cold three days prior to death</b>		<b>3 days.</b>	

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>+201</b>	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) (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 **March 9, 1954**, to **June 14, 1955**, that I last saw the deceased alive on **June 14, 1955**, and that death occurred at **8:35 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. L. Clark, O. M. D.</b>	23b. ADDRESS <b>Trenton, Mo.</b>	23c. DATE SIGNED <b>1-14-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>JAN. 16, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MAPLE GROVE CEM. TRENTON, MO.</b>
24d. LOCATION (City, town, or county) (State)	25. FUNERAL DIRECTOR'S SIGNATURE <b>DAVIS</b> ADDRESS <b>Blackhawk Trenton, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>1-16-55</b>	REGISTRAR'S SIGNATURE <b>Jane Jan 115</b>	

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

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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 *Harold Roberts*.....

Licensed Embalmer No. *491*.....

P. O. Address *Int. ...*.....

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.