

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11436

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4165 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <b>Daviess</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Gallatin</b>	c. LENGTH OF STAY (in this place) <b>5 Yrs.</b>	c. CITY OR TOWN <b>Gallatin</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 ---		STREET ADDRESS (If rural, give location) ---	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Dixie</b>	b. (Middle) <b>Lee</b>	c. (Last) <b>Vipond</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 25 1955</b>
--	------------------------	-------------------------	---

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Sept. 28 1917</b>	9. AGE (In years last birthday) <b>37</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
----------------------	-------------------------------	--	---------------------------------------	---	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Daviess Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	---	---	--

13a. FATHER'S NAME <b>Ray Vipond</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Ann Kingsley</b>	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) <b>No</b>	16. SOCIAL SECURITY NO. <b>486-40-7246</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ray Vipond, Gallatin, Missouri</b>	ADDRESS
---	---	--	---------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>
	ANTECEDENT CAUSES <b>Blood clot in face after fall down stairs</b>		<b>24 hrs</b>
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>possible skull injury</b> DUE TO (c) <b>Cirrhosis of liver, Cholecystitis</b>		<b>4 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Grand mal epilepsy, chronic pyelitis &amp; cystitis</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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) <b>E9000 21</b>
--	--	--

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? <b>031</b>
--	--	--

22. I hereby certify that I attended the deceased from Jan 1, 1953, to March 5, 1955, that I last saw the deceased alive on March 4, 1955, and that death occurred at 5:30A m., from the causes and on the date stated above.

23a. SIGNATURE <b>For Bailey</b>	(Doctor or title)	23b. ADDRESS <b>Gallatin Mo</b>	23c. DATE SIGNED <b>Mar 29/55</b>
-------------------------------------	-------------------	------------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-27-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hillcrest Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Gallatin, Missouri</b>
--	-------------------------------	---	--

DATE REC'D BY LOCAL REG. <b>4-15-55</b>	REGISTRAR'S SIGNATURE <b>Viggo M Engelhart</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hope Funeral Home</b>	ADDRESS <b>Gallatin, Mo.</b>
--	---	--	---------------------------------

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.....  
Signature of Student Embalmer

Signed *L. C. Richesson*.....

Licensed Embalmer No. *330*

P. O. Address *Ballant*

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.