

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14774

State File No. \_\_\_\_\_

FILED JUN 8 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 338

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Butler</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b>                |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>Poplar Bluff</b> |  | c. CITY OR TOWN<br><b>Poplar Bluff</b>   |  |
| c. LENGTH OF STAY (in this place)<br><b>3 yrs.</b>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>2013 S. 11th St.</b>  |  | e. STREET ADDRESS (If rural, give location)<br><b>2013 S. 11th Street</b>  |  |

|  |                            |                               |                              |   |
|--|----------------------------|-------------------------------|------------------------------|---|
| 3. NAME OF DECEASED<br>(Type or Print) | a. (First)<br><b>LAURA</b> | b. (Middle)<br><b>FRANCES</b> | c. (Last)<br><b>LIPSCOMB</b> | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>MAY 10, 1955</b> |
|--|----------------------------|-------------------------------|------------------------------|---|

|                         |                                  |  |  |  |                                       |                                      |
|-------------------------|----------------------------------|--|--|--|---------------------------------------|--------------------------------------|
| 5. SEX<br><b>Female</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b> | 8. DATE OF BIRTH<br><b>April 7, 1878</b> | 9. AGE (In years last birthday)<br><b>77</b> | IF UNDER 1 YEAR<br>Months<br><b>1</b> | IF UNDER 24 HRS.<br>Days<br><b>3</b> |
|-------------------------|----------------------------------|--|--|--|---------------------------------------|--------------------------------------|

|   |                                   |   |   |
|---|-----------------------------------|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Nashville, Tennessee</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
|---|-----------------------------------|---|---|

|  |   |  |
|--|---|--|
| 13a. FATHER'S NAME<br><b>Henry Boggs</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Deceased</b> |
|--|---|--|

|   |  |  |         |
|---|--|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>none</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mrs. Robt Lipscomb, Poplar Bluff, Mo</b> | ADDRESS |
|---|--|--|---------|

|   |  |  |                                  |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, 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>Myocarditis &amp; decompensation</b>   |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Chronic valvular hearting 15 yrs.</b><br>DUE TO (c) |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |                                  |

|                        |   |   |
|------------------------|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><b>4214</b> | 20. AUTOPSY?<br>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 **15 Apr**, 1953, to **10 May**, 1955, that I last saw the deceased alive on **10 May**, 1955, and that death occurred at **2 p. m.**, from the causes and on the date stated above.

|  |   |                                      |
|--|---|--------------------------------------|
| 23a. SIGNATURE (Degree or title)<br><b>Cynthia Rost MD</b> | 23b. ADDRESS<br><b>Poplar Bluff, Mo</b> | 23c. DATE SIGNED<br><b>27 May 56</b> |
|--|---|--------------------------------------|

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>May 12, 1955</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Gulin Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Gulin, Missouri</b> |
|--|----------------------------------|---|---|

|   |  |   |         |
|---|--|---|---------|
| DATE REC'D BY LOCAL REG.<br><b>6/1/55</b> | REGISTRAR'S SIGNATURE<br><b>Wm. M. ...</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Landess Funeral Home, Campbell, Mo</b> | ADDRESS |
|---|--|---|---------|

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

RECEIVED  
JUN 6 - 1955  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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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.....  
*Christina M. Landess*

Licensed Embalmer No. *422*

P. O. Address *Campbell*

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.