

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15184

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 423-B

1. PLACE OF DEATH
a. COUNTY GREENE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY GREENE

b. CITY OR TOWN SPRINGFIELD
c. LENGTH OF STAY (in this place) 35 YRS.

c. CITY OR TOWN SPRINGFIELD
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION BELMONT & KICKAPOO STREETS

STREET ADDRESS (If rural, give location) 1737 E. LOMBARD
03160

3. NAME OF DECEASED
a. (First) BEN JAMIN
b. (Middle) _____
c. (Last) LIPMAN

4. DATE OF DEATH (Month) (Day) (Year)
MAY 12 1955

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH JUNE 16 1898

9. AGE (In years last birthday) 56
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) GROCCER

10b. KIND OF BUSINESS OR INDUSTRY RETAIL

11. BIRTHPLACE (City and State or Foreign Country) MINSK, LITHUANIA

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JACOB LIPMAN

13b. MOTHER'S MAIDEN NAME DORA (UNKNOWN)

14. NAME OF HUSBAND OR WIFE ROSE LIPMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W. # 1

16. SOCIAL SECURITY NO. 491-98-9775

17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ROSE LIPMAN SPRINGFIELD, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery Disease
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cholelithiasis

INTERVAL BETWEEN ONSET AND DEATH
10 minutes
6-12 months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

20. AUTOPSY? YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5-54, to 5-2-, 1955, that I last saw the deceased alive on 5-2-, 1955, and that death occurred at 11 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold H. Kurie, M.D.

23b. ADDRESS 609 Cherry Springfield, Mo.

23c. DATE SIGNED 5-17-55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 5/13/55

24c. NAME OF CEMETERY OR CREMATORY TEMPLE ISRAEL CEM.

24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.

DATE REC'D BY LOCAL REG. 5-18-55

REGISTRAR'S SIGNATURE Edith Williams

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SPRINGFIELD, MO.

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

9561 92 NWT
JAN 25 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gene C. Hunter

Licensed Embalmer No. 4739

P. O. Address Springfield, Vt.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.

NOT