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FILED SEP 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25938

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY Howard

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

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette, Mo. c. LENGTH OF STAY (in this place) 8 1/2 months

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

d. FULL NAME OF HOSPITAL OR INSTITUTION Wells Conv. Home

STREET ADDRESS (If rural, give location) W. Shields Street 0 45/0

3. NAME OF DECEASED
a. (First) MARY b. (Middle) FRANCES c. (Last) NIPPER

4. DATE (Month) (Day) (Year) OF DEATH Aug. 22, 1955

5. SEX Female / 6. COLOR OR RACE White

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

8. DATE OF BIRTH 10/9/1865

9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Month 10 Days 13 IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (City and State or Foreign Country) Howard County, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Condron

13b. MOTHER'S MAIDEN NAME Lizzie Todd

14. NAME OF HUSBAND OR WIFE John L. Nipper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No.

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS John L. Nipper Jr. Fayette, Missouri

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Cerebral apoplexy*
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) *hypertension*
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1 mo. 3 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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 (Month) (Day) (Year) (Hour) OF INJURY

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 March, 1954, to Aug 22, 1955, that I last saw the deceased alive on Aug 22, 1955, and that death occurred at 4 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) *M. L. Beech, M.D.*

23b. ADDRESS Fayette, Mo

23c. DATE SIGNED 9/1/55

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

24b. DATE 8/24/1955

24c. NAME OF CEMETERY OR CREMATORY City Cemetery

24d. LOCATION (City, town, or county) (State) Fayette, Missouri

DATE REC'D BY LOCAL REG. 9-1-55

REGISTRAR'S SIGNATURE *Mary K. Shell*

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *Floyd A. Carr* Fayette, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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, ~~on~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

Ralph A. Carr.....

Licensed Embalmer No. *33*.....

P. O. Address

Fayette,

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