

FILED OCT 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

31989

BIRTH NO. _____		REG. DIST. NO. <u>340</u>		PRIMARY REG. DIST. NO. <u>6152</u>		Registrar's No. <u>83</u>		
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter Liberty Twp</u>		c. LENGTH OF STAY (in this place) <u>24 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter,</u>		<u>1030</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Davis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>301 Day Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Christopher</u> b. (Middle) <u>Columbus</u> c. (Last) <u>Tippett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 1, 1955</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 31, 1883</u>		
9. AGE (In years last birthday) <u>71</u>		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) <u>Mgr. Apt. House</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Apt. Houses</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John J. Tippett</u>			13b. MOTHER'S MAIDEN NAME <u>Melvina Bullinger</u>			14. NAME OF HUSBAND OR WIFE <u>Patsy Tippett</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>386-07-1036</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Patsy Tippett</u> ADDRESS <u>Dexter, Missouri</u>				
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) <u>Acute glomerulo-nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) <u>Hypertrophy of prostate</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____ <u>4500</u>					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) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>Sept 30</u> , 19 <u>55</u> , to <u>Oct 10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Oct 1st</u> , 19 <u>55</u> , and that death occurred at <u>2:00 P.</u> , m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>R. P. Omeau M.D.</u>				23b. ADDRESS <u>Dexter, Missouri</u>		23c. DATE SIGNED <u>10-3-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 4 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Phelsant Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Advance Route, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10-5-55</u>		REGISTRAR'S SIGNATURE <u>Melvina V. Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. L. Dyer</u> ADDRESS <u>Funeral Home, Bernie, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

1955

ICT

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
Student Embalmer

Signed Raymond L. Duffie

Licensed Embalmer No. 4798

P. O. Address Bernie, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.