

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42705**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11169**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give townshp) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 5 Days		c. CITY OR TOWN Webster, Groves		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				e. STREET ADDRESS (If rural, give location) 42 Hardith Hills Ct.			
3. NAME OF DECEASED (Type or Print) a. (First) MARTHA b. (Middle) ELIZABETH c. (Last) TIPTON			4. DATE OF DEATH (Month) (Day) (Year) 12-20-1955				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-20-1874		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) Rawls Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Henry Buchs		13b. MOTHER'S MAIDEN NAME Elizabeth Slaughter		14. NAME OF HUSBAND OR WIFE Wm. R. Tipton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. G. Ogle 42 Hardith Hills Ct.				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction					INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis of Coronary arteries					5 days	
	DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive heart disease					3 years	
19a. DATE OF OPERATION -----		19b. MAJOR FINDINGS OF OPERATION 420.1				20. AUTOPSY? YES <input checked="" 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 Dec. 15 , 19 55 , to Dec. 20 , 19 55 , that I last saw the deceased alive on Dec. 20 , 19 55 and that death occurred at 12:50 AM from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. B. [Signature] M.D.			23b. ADDRESS 19 E. Lockwood Ave. Webster Groves 19, Mo.		23c. DATE SIGNED 12-20-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-22-1955	24c. NAME OF CEMETERY OR CREMATORY Salem Church Cemetery		24d. LOCATION (City, town, or county) (State) Center Mo.			
DATE REC'D BY LOCAL REG. DEC 21 1955		REGISTRAR'S SIGNATURE [Signature]		FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Webster Groves Mo			

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 *Neville R. Frohwitter*

Licensed Embalmer No. *369*

P. O. Address *154 Lockwood*

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.