

**STANDARD CERTIFICATE OF DEATH**

**12183**

**FILED MAR 26 1956**

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6281 Registrar's No. 10

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Wright</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) -a. STATE <u>MISSOURI</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Vanburen</u>		c. CITY OR TOWN <u>Rayborn</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>Vanburen Township 140</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Homer</u> b. (Middle) <u>C.</u> c. (Last) <u>TIPPEE</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>FEB. 27, 1956</u>		
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	
<b>8. DATE OF BIRTH</b> <u>11/13/1885</u>		<b>9. AGE</b> (In years last birthday) <u>70</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Wright Co. Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	

<b>13a. FATHER'S NAME</b> <u>Harrison Tippee</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Julia Brock</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Grace Carter Tippee</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Grace Tippee-Rayborn, Mo</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>

<b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral hemorrhage</u>		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<b>DUE TO (c)</b>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>331x</u>	

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from** 2-2-, 1956, to 2-27-, 1956 that I last saw the deceased alive on 2-26-, 1956, and that death occurred at 10:05 P.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Dr. William M. D.</u>		<b>23b. ADDRESS</b> <u>Mrs. Marie No.</u>		<b>23c. DATE SIGNED</b> <u>3-1-56</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>2/29/1956</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Green Mt. Cemetery Wright, Mo.</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Wright, Mo.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>W. H. ...</u>		<b>ADDRESS</b> <u>Mrs. Marie No.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>3-13-56</u>		<b>REGISTRAR'S SIGNATURE</b> <u>W. H. ...</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>W. H. ...</u>	

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

300  
48

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 *George Stapp*.....

Licensed Embalmer No. *31*.....

P. O. Address *Mt. Airy*.....

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