

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17151

BIRTH NO. 16896-56 REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 4357 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lilbourn 0		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dr. Roberson Office		e. STREET ADDRESS (If rural, give location) 1/2 Mile South of Catron 0	
3. NAME OF DECEASED (Type or Print) Eugene		4. DATE OF DEATH (Month) (Day) (Year) May 25 1956	
5. SEX Male 2		6. COLOR OR RACE Colored	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0		8. DATE OF BIRTH March 20 1956	
9. AGE (In years last birthday) 2		10. IF UNDER 1 YEAR Months 2	
11. IF UNDER 24 HRS. Days 5		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Catron, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Eugene Tipler		13b. MOTHER'S MAIDEN NAME Corine Jones	
14. NAME OF HUSBAND OR WIFE			
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 Eugene Tipler-Catron, Mo.		ADDRESS	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MARASMUS</b> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN DEATH AND DEATH TIME			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7730	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 (Month) (Day) (Year) (Hour) (Minute) OF INJURY		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 2/24, 1956, to 5/25, 1956, that I last saw the deceased alive on 5/25, 1956, and that death occurred at 10:00 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (In Blue or Black Ink) <i>Eugene H. Tipler M.D.</i>		23b. ADDRESS I.O. Box 203 Lilbourn Mo	
23c. DATE SIGNED 5/26/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-26-56	
24c. NAME OF CEMETERY OR CREMATORY Simmons Burial Park		24d. LOCATION (City, town, or county) (State) Catron, Mo.	
DATE REC'D BY LOCAL REG. 5-27-56		REGISTRAR'S SIGNATURE A.L. Ponder	
25. FUNERAL DIRECTOR'S SIGNATURE Ponder Funeral Home-Lilbourn, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

DATE RECEIVED MAY 29 1956  
NEW MADRID CO. HEALTH CENTER  
L. J. S.

**STATEMENT BY LICENSED EMBALMER**

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

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

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Homer L. Ponder

Licensed Embalmer No. 37

P. O. Address Tilbore

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.