

No. 300
10/48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3286**

XC 2 606 412
CF: Wash. D.C.
FILED FEB 6 1957

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **28**

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY SANGAMON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (in this place) 499	c. CITY OR TOWN SPRINGFIELD
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 1537 S. Lincoln Street		812⁰ 8	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) M. c. (Last) TIPTON	4. DATE OF DEATH (Month) (Day) (Year) 1/3/57
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-14-75	9. AGE: (In years last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED PRINTER	10b. KIND OF BUSINESS OR INDUSTRY PRINTING	11. BIRTHPLACE (City and State or Foreign Country) SPRINGFIELD, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME CHARLES H. TIPTON	13b. MOTHER'S MAIDEN NAME ELIZABETH H. MORGAN	14. NAME OF HUSBAND OR WIFE BESS TIPTON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give way or dates of service) SPAW & WWI	16. SOCIAL SECURITY NO. 332-01-775	17. INFORMANT'S SIGNATURE OR NAME VAHOSPITAL RECORDS, JEFF. BKS, MO.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH 3 years
	ANTECEDENT CAUSES DUE TO (b) ARTERIOSCLEROSIS, GENERAL <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		5 years
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> SENILE ARTERIOSCLEROTIC NEPHROSCLEROSIS		3 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that **NA** attended the deceased from **8-22-55**, 19___, to **1-3-57**, 19___, ~~XXXXXXXXXXXXXXXXXXXX~~ and that death occurred at **12:10Pm.**, from the causes and on the date stated above.

23a. SIGNATURE C. M. Schiek (Degree or title) C. M. SCHIEK, M.D.	23b. ADDRESS VAH, JEFF. BKS, MO.	23c. DATE SIGNED 1/3/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-3-57	24c. NAME OF CEMETERY OR CREMATORY Local	24d. LOCATION (City, town, or county) (State) Springfield, Illinois
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DATE REC'D BY LOCAL REG. 1-3-57	REGISTRAR'S SIGNATURE Herbert B. Donahoe	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 1700 Washington
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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 *G. W. Wilkinson*.....

Licensed Embalmer No. *35*.....

P. O. Address *H. Lane*.....

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.