

FILED JUL 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **25548**

Registration District No. **257** Primary Registration District No. **5881** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Osage			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage		
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Osage Twp. Page 7th Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Mt. Sterling		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm Home		Length of stay in lb 40 yrs.		d. STREET ADDRESS (If outside, give location) Rural Route Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Herman Conrad Lipskoch			4. DATE OF DEATH July 12, 1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 31, 1885	9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Hope, Mo.	
13. FATHER'S NAME Ernest Lipskoch			14. MOTHER'S MAIDEN NAME Charlotte Hoenhaus		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 496-40-9443		17. INFORMANT Mrs. Lydia Lipskoch Address Mt. Sterling, Mo.	

18. CAUSE OF DEATH [Enter only one cause or line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Generalized arterio sclerosis		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201			
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 10-17-53 to 7-12-57 and last saw ^{her} him alive on 6-26-57 Death occurred at 4 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) W. J. McFrelly MD			22b. ADDRESS 507 East High St.		22c. DATE SIGNED 7-13-57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7-15-1957	23c. NAME OF CEMETERY OR CREMATORY Giedinghagen Cemetery		LOCATION (City, town, or county) near Mt. Sterling, Mo. (State)	
24. FUNERAL DIRECTOR Wilford H. Winter ADDRESS OWEYSVILLE		25. DATE RECD. BY LOCAL REG. July 15-1957		26. REGISTRAR'S SIGNATURE T. A. ...	

300
-56
 All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Myford H. H. Winter*.....

Licensed Embalmer No. 3

P. O. Address OWENSU

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.