

Health, Welfare
Public
Service

FILED SEP 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28510

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 422

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY OR TOWN <u>Joplin</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Joplin</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's</u> Length of stay in lb <u>15 years</u>		d. STREET ADDRESS <u>720 Picher ave</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First <u>Milford</u> Middle <u>Louis</u> Last <u>Tippit</u>			4. DATE OF DEATH Month <u>8</u> Day <u>18</u> Year <u>1957</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-24-1899</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Dent Co, Mo</u>
10c. CITIZEN OF WHAT COUNTRY? <u>USA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>A. T. Tippit</u>		13b. MOTHER'S MAIDEN NAME <u>Della Moffet</u>	14. NAME OF HUSBAND OR WIFE <u>Elpha Tippit</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-09-2490</u>	17. INFORMANT <u>Elpha Tippit</u> Address <u>720 Picher Joplin Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis heart</u> DUE TO (c) <u>degener</u>			INTERVAL BETWEEN ONSET AND DEATH <u>weeks</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u>			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.)	
20c. TIME OF INJURY Hour <u>12:15</u> Month, Day, Year <u>8/18/57</u> a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <u>June 1-57</u> to <u>Aug 10-57</u> and last saw him alive on <u>8/10/57</u> Death occurred <u>8/18/57</u> at <u>12:15 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>A. Crawford</u> (Degree or title)		22b. ADDRESS <u>Joplin Mo 64507</u>	
23a. APPROVAL (Embalmers Seal)	23b. DATE <u>8-21-1957</u>	23c. NAME OF CEMETERY OR INTERMENT PLACE <u>Wynandette</u>	23d. LOCATION (City and state or county) <u>Wynandette, Mo</u>
24. FUNERAL DIRECTOR <u>Shanbell Dallon</u> ADDRESS <u>Joplin Mo.</u>		25. DATE RECD. BY LOCAL REG <u>9-3-1957</u>	26. REGISTRAR'S SIGNATURE <u>Worce Merriam</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

9-23-57
A. Crawford

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with de cause. All diseases in Part I must be causally related.

County File Number
Date Filed
SEP 11 1957

SEP 13 1957

1861 4 2 0381
SEP 24 1957

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 *Cecil A. Thom Lull*

Licensed Embalmer No. *3590*
P. O. Address *Joplin Mo.*

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.