

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024916
STATE FILE NUMBER

4122 54
REGISTRATION DISTRICT NO. PRIMARY REGISTRATION DISTRICT NO. REGISTRAR'S NO.

FILED AUG 6 1958

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kahoka</u>		c. CITY OR TOWN <u>Kahoka 0238</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS <u>672 W Commercial</u>	
3. NAME OF DECEASED (Type or print) <u>LeRoy Randall Tippie</u>		4. DATE OF DEATH <u>7-23-1958</u>	
5. SEX <u>Male</u>	6. COLOR OF HAIR <u>White</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>12-29-1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wine Salesman</u>		11. BIRTH PLACE (City and state or country) <u>Harrison Ohio</u>	
13. FATHER'S NAME <u>David Tippie</u>		14. MOTHER'S MAIDEN NAME <u>Caroline Pfau</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) <u>no</u>		17. INFORMANT <u>Wesley E. Tippie</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>Permissive Anemia</u> <u>Chronic Colitis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>2900</u>
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 a. m. 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 <u>7/10-1957</u> to <u>7/23-1958</u> and last saw her/him alive on <u>7/22-58</u> Death occurred at <u>5:30 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. R. Bridges M.D.</u> (Degree or title)		22b. ADDRESS <u>Kahoka Mo</u>	
22c. DATE SIGNED <u>7/29-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-26-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Kahoka Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kahoka Mo.</u>
24. FUNERAL DIRECTOR <u>Fred Karle</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>7/29-58</u>	26. REGISTRAR'S SIGNATURE <u>J. R. Bridges</u>

health, Welfare public service
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ALL diseases in Part I must be causally related. Ceroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
6 0

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 *Fred Karl*

Licensed Embalmer No. *10*

P. O. Address *Kahala*

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.