

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040396
STATE FILE NUMBER

FILED DEC 10 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 562

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY OR TOWN Joplin Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Joplin 0495 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) Freeman Hosp. Length of stay in lb		d. STREET ADDRESS 816 Highway (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Jerry Wayne Lippitt			4. DATE OF DEATH 11-15-1958 Month Day Year
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-18-1957
9. AGE (In years last birthday) -		10. FUNDER 19	11. IF UNDER 24 HRS. Months Days 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 country) Joplin, Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Warren Lippitt	
13b. MOTHER'S MAIDEN NAME Verdia Hilton		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 none		16. SOCIAL SECURITY NO. none	
17. INFORMANT Warren Lippitt		Address 816 Highway Joplin Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental drowning Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (b) 9290 22			INTERVAL BETWEEN ONSET AND DEATH Less than 5 min
20a. ACCIDENT <input checked="" 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.) Child fell into a fish pond and drowned attempts at resuscitation were futile.		
20c. TIME OF INJURY approx 6 p.m. 11-15-58	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Near home		
20e. CITY, TOWN, OR LOCATION Joplin	20f. COUNTY Jasper	20g. STATE Mo.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 6:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. Coleman M.D. (Degree or title) 3		22b. ADDRESS 3rd St. Bldg. Joplin Mo	
22c. DATE SIGNED 11-18-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-18-1958	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Pk	23d. LOCATION (City, town, or county) Joplin, Mo (State)
24. FUNERAL DIRECTOR Thambill-Deelen	25. DATE RECD. BY LOCAL REG. 12-2-1958	26. REGISTRAR'S SIGNATURE Dove Merriam	

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Robert C. Roller

Licensed Embalmer No. 5062

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.