

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040459

STATE FILE NUMBER

FILED NOV 25 1958 Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 215

300
1-57

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| 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 (If outside corporate limits, give TOWNSHIP only) OR TOWN Alba, Mo. MINERAL | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Alba, Mo. 0490 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen. Del. | | Length of stay in 1b 28 Yrs. | d. STREET ADDRESS (If outside, give location) Gen. Del. Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Arthur Chester Lipe | | | 4. DATE OF DEATH Month Day Year Nov. 15, 1958 | | |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 17, 1880 | 9. AGE (In years last birthday) 78 | 10. F UNDER 1 YEAR Months Days | 11. 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) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and state or country) Goodman, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Abraham H. Lipe | 13b. MOTHER'S MAIDEN NAME Laura J. Kinslow | 14. NAME OF HUSBAND OR WIFE Ida Lipe |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. Ida Lipe | Address Alba, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Failure DUE TO (b) Chronic Myocarditis DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH 3 hours yrs. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) 4222 | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. |
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| 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 |
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21. I attended the deceased from 9-27-58 to 11-15-58 and last saw him alive on 11-15-58
Death occurred at 5:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Glenn R. Oney, Jr. (Degree or title) | 22b. ADDRESS Alba - Mo | 22c. DATE SIGNED 11-16-58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 11-19-58 | 23c. NAME OF CEMETERY OR CREMATORY May Cemetery | 23d. LOCATION (City, town, or county) (State) Goodman, Mo. |
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| 24. FUNERAL DIRECTOR Johnston-Arnice-Simpson Mortuary Webb City, Mo. | ADDRESS | 25. DATE RECD. BY LOCAL REG. 11-18-58 | 26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer |
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MEDICAL CERTIFICATION
Glenn R. Oney - USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.
Diphtheria, scarlet fever, etc. must use only standard nomenclature for item 18. No symptoms will be listed.

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.....

Jack C. Simpson

Licensed Embalmer No. *4647*

P. O. Address..... *Webb City, 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.