

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004494
STATE FILE NUMBER

REG. D. MAR 16 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 116

300
1-57

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		c. CITY OR TOWN Columbia 0105	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone Co. Hospital		d. STREET ADDRESS (If outside, give location) 1201 Paris Road	
Length of stay in lb Lifetime		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) ESTELLE LIPSCOMB			4. DATE OF DEATH Month Day Year March 10, 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 2, 1883	9. AGE (In years last birthday) 75	10. UNDER 1 YEAR Months Days	11. 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) At Home	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Columbia, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Benjamin M. Anderson	13b. MOTHER'S MAIDEN NAME Frances Bowling	14. NAME OF HUSBAND OR WIFE Millard L. Lipscomb Jr.
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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. None	17. INFORMANT Mrs. John T. Johnston, Webster Groves, 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) <i>Massive cerebral thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i> <i>5 yrs.</i> <i>5 yrs.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Hypertension</i>	
	DUE TO (c) <i>Chronic myocarditis</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>443x</i>		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.)
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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
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21. I attended the deceased from <i>March 6, 1959</i> to <i>March 10, 1959</i> last saw her alive on <i>March 10, 1959</i> Death occurred at <i>11:50 am</i> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>Carl S. Dietrich M.D.</i> (Degree or title)	22b. ADDRESS <i>Prof. Bldg. Columbia Mo</i>	22c. DATE SIGNED <i>Mar. 11, 1959</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 12, 1959	23c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery	23d. LOCATION (City, town, or county) Columbia, Missouri.
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24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo.	25. DATE RECD. BY LOCAL REG. <i>Mar 13 1959</i>	26. REGISTRAR'S SIGNATURE <i>Mrs R E Palmer</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard manufacturers for form 10. No symptoms with or without. All diseases in Part I must be causally related.

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 *J. W. Phillips*

Licensed Embalmer No. *4897*

P. O. Address *Alameda*

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.