Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004740
STATE FILE NUMBER

FILED FEB 18 1959

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Cape Girardeau — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Francis Hosp. — Length of stay in 1b: 34 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
STATE Missouri b. COUNTY Cape Girardeau
c. CITY OR TOWN Cape Girardeau 0164 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1757 Dunklin — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Maggie Middle: Last: Lipps

4. DATE OF DEATH Month Day Year: Feb. 2, 1959

5. SEX Female **6. COLOR OR RACE** White **7.** MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH March 30, 1883 **9. AGE** (In years last birthday) 75 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none **10b. KIND OF BUSINESS OR INDUSTRY**

11. BIRTHPLACE (City and state or country) St. Louis, Mo. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Fred Weber **13b. MOTHER'S MAIDEN NAME** Mary Zimmerman **14. NAME OF HUSBAND OR WIFE** Charles Lipps

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None **17. INFORMANT** Address: Mrs. Albert Langston-Cape Girardeau Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Infarction — INTERVAL BETWEEN ONSET AND DEATH: 37 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardio-Renal Vascular disease — 2 years
DUE TO (c) —
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4281

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
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. Month, Day, Year —
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 Dec 28 '58, to Feb 2 '59 and last saw her/him alive on Feb 2 1959
Death occurred at 4:25 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) K. Washburn MD **22b. ADDRESS** Cape Girardeau Mo **22c. DATE SIGNED** 2-3-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** 2-05-1959 **23c. NAME OF CEMETERY OR CREMATORY** St. Larys Cemetery **23d. LOCATION** (City, town, or county) (State) Cape Girardeau, Mo.

24. FUNERAL DIRECTOR ADDRESS L.L. Haman-Cape Girardeau, Mo. **25. DATE RECD. BY LOCAL REG.** Feb. 14, 1959 **26. REGISTRAR'S SIGNATURE** Mrs. Homer Cooper

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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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 ..... Signed .....

Signature of Student Embalmer

Licensed Embalmer No. 2643

P. O. Address Cape Girardeau

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.