

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014585
STATE FILE NUMBER

FILED MAY 5 1959

Registration District No. 316 Primary Registration District No. Registrar's No. 164

300
1-57

1. PLACE OF DEATH a. COUNTY St. Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pendleton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Elvins Mo Rt 1.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb 9 mos	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Beecher Middle E. Last Chipman			4. DATE OF DEATH Month April Day 23 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 16, 1909	9. AGE (In years) 49	IF UNDER 1 YEAR Months 10 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool & Die Maker		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Senath, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James E. Chipman		13b. MOTHER'S MAIDEN NAME Allie Oxley	
14. NAME OF HUSBAND OR WIFE Esther E. Chipman		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. 379-09-0784	
17. INFORMANT Giniver Shockley		Address St. Louis, Missouri		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) _____		INTERVAL BETWEEN ONSET AND DEATH 42		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) Fell in lake while fishing			
20c. TIME OF INJURY Hour 6 p.m. Month, Day, Year 4/23/59		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm lake		20f. CITY, TOWN, OR LOCATION Pendleton Twn. St. Francois, Mo.		20g. COUNTY St. Francois STATE Mo.	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 6 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Bert G Miller (Degree or title) Carson			22b. ADDRESS Farlington, Mo		22c. DATE SIGNED 4/24/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/27/59	23c. NAME OF CEMETERY OR CREMATORY IOCF Cemetery		23d. LOCATION (City, town, or county) (State) Doe Run, Mo.
24. FUNERAL DIRECTOR Miller Funeral Home		ADDRESS Farlington, Missouri.		25. DATE RECD. BY LOCAL REG. Apr 27 1959	26. REGISTRAR'S SIGNATURE Esther Rudloff

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 6 1959

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 *Paul H. Royal*

Licensed Embalmer No. *4120*

P. O. Address... *Herndon, Va.*

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.