THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-019908

FILED JUN 9 1959 Registration District No. 317 Primary Registration District No. 547 STATE FILE NUMBER Registrar's No. 1426

1. PLACE OF DEATH a. COUNTY: St.Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Richmond Heights — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN: Hannibal — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St.Mary's Hospital — Length of stay in 1b: 10 DAYS	d. STREET ADDRESS (If outside, give location): 712 Hill St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: Hannah	Middle: M.	Last: Kips	4. DATE OF DEATH Month: May Day: 20, Year: 1959
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: May 9,1898	9. AGE (In years last birthday): 61 — 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): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: At Home	11. BIRTHPLACE (City and state or country): Keokuk, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME: Fred Glynn	13b. MOTHER'S MAIDEN NAME: Leota Brewington	14. NAME OF HUSBAND OR WIFE: Edward F.Kips		
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.: Unknown	17. INFORMANT: Edward F.Kips, Address: Hannibal,Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a): carcinomatosis - site probably

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Ovary

DUE TO (c): 1750

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): metastases to liver - omentum - pleura - mediastinum

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 5/10/59 to — and last saw her/him alive on 5/20/59

Death occurred at 1:30 pm m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature]	22b. ADDRESS: 634 N. Grand	22c. DATE SIGNED: 5-22-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 5-23-59	23c. NAME OF CEMETERY OR CREMATORY: St.Mary's Cemetery
23d. LOCATION (City, town, or county) (State): Hannibal,Mo.		
24. FUNERAL DIRECTOR: Albert H.Hoppe, ADDRESS: 4700 Washington Blvd.	25. DATE RECD. BY LOCAL REG.: 5-23-59	26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

MAR 11 1960

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 M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, 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.