

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038707

FILED VS NOV 3 1959 360

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STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>VERMONT</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>BARRY</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WASHINGTON TOWNSHIP</b>		Length of stay in 1b <b>1 YEAR 9 MONTHS</b>		c. CITY OR TOWN <b>MONETT</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>STATE HOSP. #3, NEVADA, MO</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1009 - E. BROADWAY</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>EVA</b> Middle <b>AUGUSTINE</b> Last <b>LIPE</b>			4. DATE OF DEATH Month <b>OCT.</b> Day <b>20.</b> Year <b>1959</b>						
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>MAY 10, 1905</b>	9. AGE (last birthday) <b>54</b>	IF UNDER 1 YEAR Months <b>—</b> Days <b>—</b>	IF UNDER 24 HR Hours <b>—</b> Min. <b>—</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (City and state or country) <b>MONETT, MO</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>THOMAS YOUNG TENNISON</b>			13b. MOTHER'S MAIDEN NAME <b>MARY MAY GASAWAY</b>			14. NAME OF HUSBAND OR WIFE <b>HERMAN LIPE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>HOSP. RECORDS, STATE HOSP. #3 NEVADA MO</b>			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>BRONCHOPNEUMONIA</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 WEEK</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>—</b> DUE TO (c) <b>—</b>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>ALZHEIMERS DISEASE</b>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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.)					
20c. TIME OF INJURY Hour <b>—</b> Month, Day, Year <b>—</b> a.m. <b>—</b> p.m. <b>—</b>	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	
21. I attended the deceased from <b>JUNE 20, 1958</b> to <b>OCT. 20, 1958</b> and last saw her alive on <b>OCT. 20, 1958</b> Death occurred at <b>7:50 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>George Esker M.D.</b> (Degree or title)				22b. ADDRESS <b>State Hospital #3</b>				22c. DATE SIGNED <b>10/20/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10/22/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F.</b>		23d. LOCATION (City, town, or county) <b>Monett, Mo.</b>		(Site)		
24. FUNERAL DIRECTOR <b>J. D. Buchanan</b> ADDRESS <b>Monett, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>10-31-1959</b>		26. REGISTRAR'S SIGNATURE <b>Anna E. Jerry</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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. P. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, 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.