

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039810

FILED VS DEC 9 1959 138

STATE FILE NUMBER

Registration District No. 5523 Primary Registration District No. 5523 Registrar's No. 39

UNDECEASED

1. PLACE OF DEATH a. COUNTY <u>HICKORY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>HICKORY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pittsburg</u>		Length of stay in 1b <u>40 YRS</u>	c. CITY OR TOWN <u>Pittsburg</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Laura Samantha Lipe</u>			4. DATE OF DEATH Month Day Year <u>Nov-30-1959</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov-5-1885</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>25</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Pittsburg Co, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>John P. Stafford</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Highfill</u>	14. NAME OF HUSBAND OR WIFE <u>Albert Lipe</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT 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) <u>Cardio Vascula renal</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</u>
DUE TO (b) <u>Fractured hip Oct 12-59</u>		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year	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 <u>09-12-59</u> to <u>Nov 30-59</u> and last saw her/him alive on <u>Nov 30-59</u> Death occurred at <u>2 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>D Bailey DO</u>		22b. ADDRESS <u>W. B. Moore</u>	22c. DATE SIGNED <u>Dec 15 59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIED</u>	23b. DATE <u>12-2-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pittsburg Com.</u>	23d. LOCATION (City, town, or county) (State) <u>Hickory Co Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Allen W. Vaughan Urbana, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12/4/1959</u>	26. REGISTRAR'S SIGNATURE <u>May Johnson</u>

(Licensed Embalmer's Statement on Reverse Side)

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 Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Urbana, Ill.

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.