URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-038765
STATE FILE NUMBER

FILED VS NOV 9 1960

NDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 520

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: JOPLIN — Length of stay in 1b: 24 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: FREEMAN HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JASPER
c. CITY OR TOWN: JOPLIN — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 302 N. JOPLIN AVE. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: FLORENCE Middle: VIRGINIA Last: TIPPING
4. DATE OF DEATH: Month: NOVEMBER Day: 2 Year: 1960
5. SEX: F
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-18-1892
9. AGE (last birthday): 67
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: 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: OWN HOME
11. BIRTHPLACE (City and state or country): RIPON, WISCONSIN
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: JAMES E. BRAYTON
13b. MOTHER'S MAIDEN NAME: NELLIE E. SKEELS
14. NAME OF HUSBAND OR WIFE: WILLIAM E. TIPPING, SR.
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.: UNK
17. INFORMANT: WILLIAM E. TIPPING, ST., Address: 302 N. JOPLIN

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hurthle cell carcinoma of the thyroid — INTERVAL BETWEEN ONSET AND DEATH: 6-7-53 to
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinomatosis — 6-7-53
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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 1950 to 11-2-60 and last saw her/him alive on 11-2-60
Death occurred at 4:35 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. R. Kuhn, Jr., M.D. (Degree or title)
22b. ADDRESS: 321 Frisco Bldg., Joplin, Mo.
22c. DATE SIGNED: 11-4-60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 11-5-60
23c. NAME OF CEMETERY OR CREMATORY: MT. HOPE CEMETERY,
23d. LOCATION (City, town, or county) (State): WEBB CITY, MISSOURI

24. FUNERAL DIRECTOR: STEVE PARKER MORTUARY, ADDRESS: JOPLIN, MO.
25. DATE RECD. BY LOCAL REG.: 11-5-1960
26. REGISTRAR'S SIGNATURE: Noore Merriam

(Licensed Embalmer's Statement on Reverse Side)

SEP 6 1962

AUG 27 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. ____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harvey E Arnce

Licensed Embalmer No. 4463

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.