

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041524

FILED VS DEC 8 1960

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 231

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.		b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		Length of stay in 1b Years		c. CITY OR TOWN Clarkton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Presnell Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 	
3. NAME OF DECEASED (Type or print) First Martha		Middle Elizabeth		Last Tipton	
4. DATE OF DEATH November 22, 1960		Month November		Day 22	
5. SEX Female		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 5-12-92		9. AGE (last birthday) 68		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY 		11. BIRTHPLACE (City and state or country) Alabama	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Jim Love		13b. MOTHER'S MAIDEN NAME Brazel	
14. NAME OF HUSBAND OR WIFE John F. Tipton		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. Unknown	
17. INFORMANT John F. Tipton, Clarkton, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism		INTERVAL BETWEEN ONSET AND DEATH few min	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cholelithiasis & biliary 11 days before death		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 a.m. p.m.		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 8-60 to 11-21-60 and last saw her/him alive on 11-21-60 Death occurred at 1:30 am 11-22-60 on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Paul C. Wittenburger M.D.		22b. ADDRESS Kennett, Mo.	
22c. DATE SIGNED 11-25-60		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-24-60	
23c. NAME OF CEMETERY OR CREMATORY Stanfield		23d. LOCATION (City, town, or county) Dunklin, Mo.		(State)	
24. FUNERAL DIRECTOR Irby Funeral Home Rector, Ark.		25. DATE RECD. BY LOCAL REG. 12-8-1960		26. REGISTRAR'S SIGNATURE Carl Husband	

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

Samuel B. Bude

Licensed Embalmer No. 396

P. O. Address

Leicester, Pa.

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.