

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-045355

FILED VS DEC 20 1960 53

Primary Registration District No. 3010

Registrar's No. 493

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, give TOWNSHIP only) Cape Girardeau		Length of stay in 1b 20 years		c. CITY OR TOWN Cape Girardeau Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Maple Crest Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 11008 Independence Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HERBERT Middle W. Last LIPPS			4. DATE OF DEATH Month December Day 10 Year 1960			
5. SEX Male	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 4/9/1910	9. AGE (last birthday) 50 IF UNDER 1 YEAR Months 8 Days 1 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator, Water Dept.			10b. KIND OF BUSINESS OR INDUSTRY Utilities	11. BIRTHPLACE (City and state or country) Ancell, Missouri	12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME John Lipps			13b. MOTHER'S MAIDEN NAME Catherine Blattel		14. NAME OF HUSBAND OR WIFE Marie E. Lipps	
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. 492-07-0515HA	17. INFORMANT Address Mrs. Marie E. Lipps Cape Gir., 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) broncho pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) post-traumatic epilepsy old 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					INTERVAL BETWEEN ONSET AND DEATH	
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. 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 Sept 6/57 to 12/10/60 and last saw ^{her} him alive on 12/9/60 Death occurred at 3:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE J. H. K. Erwin, M.D. (Degree or title)			22b. ADDRESS Cape Girardeau, Mo		22c. DATE SIGNED 12/12/60 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Dec. 13, 1960	23c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery		23d. LOCATION (City, town, or county) Cape Girardeau, Missouri		
24. FUNERAL DIRECTOR Walther's Funeral Home ADDRESS Cape Gir., Mo.			25. DATE RECD. BY LOCAL REG. 12-13-60	26. REGISTRAR'S SIGNATURE Jimm Kasten		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 17 1961

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 William H. Gurn, Student Embalmer No. 616
working under my personal supervision.

Student William H. Gurn
Signature of Student Embalmer

Signed Virgil K. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau

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.