

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000716
STATE FILE NUMBER

FILED VS. JAN 17 1961 82

Registration District No. _____ Primary Registration District No. 3017 Registrar's No. 5

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Cooper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard		
b. CITY (If outside corporate limits, give TOWNSHIP only) Boonville		Length of stay in 1b 4 hours	c. CITY OR TOWN New Franklin,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 106 E. Market		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Jessie Middle Edgar Last Chipley			4. DATE OF DEATH Month January Day 8 Year 1961		
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 Nov. 8, 1905	9. AGE (last birthday) 55	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, or if retired) City Marshall		10b. KIND OF BUSINESS OR INDUSTRY City, New Franklin	11. BIRTHPLACE (City and state or country) Howard County, Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Orville N. Chipley		13b. MOTHER'S MAIDEN NAME Myrtle Vanlandingham		14. NAME OF HUSBAND OR WIFE Elizabeth Wagner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none, unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO	17. INFORMANT Address New Franklin Mo. Mrs. Elizabeth Chipley		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain Injury DUE TO (b) accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 4 hrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) car wreck			
20c. TIME OF INJURY 10:45 - 11:30 - 8-61	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Highway	20f. CITY New Franklin COUNTY Howard STATE MO		
21. I attended the deceased from 1-8-61 to 1-8-61 and last saw ^{her} him alive on 1-8-61 Death occurred at Wabloom M.S. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Wabloom M.S. (Degree or title) Coroner			22b. ADDRESS Fayette Mo		22c. DATE SIGNED 1-10-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 10, 1961	23c. NAME OF CEMETERY OR CREMATORY Clarks Chapel		23d. LOCATION (City, town, or county) (State) Howard County Mo.	
24. FUNERAL DIRECTOR Markland Hall New Franklin, Mo.		25. DATE RECD. BY LOCAL REG. 1-10-61	26. REGISTRAR'S SIGNATURE Hooper		

FEB 7 1961

JAN 24 1961

FEB 10 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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address New Franklin, 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.