MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-007390
STATE FILE NUMBER

AMENDED

Registration District No. 366 Primary Registration District No. 4536 Registrar's No. 13

FILED VS FEB 23 1961

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Potosi, Missouri — Length of stay in 1b: 2 Months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 107 Water Street — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Wash.
c. CITY OR TOWN: Potosi — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): Rt. 2 — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Claude Middle: NMN Last: Nipper
4. DATE OF DEATH: Month: Feb. Day: 14, Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 9-17-1898
9. AGE (last birthday): 62 — 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): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Tiff Mining
11. BIRTHPLACE (City and state or country): Palmer, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Joseph Nipper
13b. MOTHER'S MAIDEN NAME: Eliza Belle Wright
14. NAME OF HUSBAND OR WIFE: Lula, Nipper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
17. INFORMANT: Lula Nipper Address: Potosi, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of the Stomach — INTERVAL BETWEEN ONSET AND DEATH: 8 months
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)
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 February 4, 1961, to February 14, 1961 and last saw he/him alive on February 14, 1961
Death occurred at 6:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Edward W. Lohe (Degree or title) D.O.
22b. ADDRESS: Potosi, Missouri
22c. DATE SIGNED: Feb. 15, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-17-1961
23c. NAME OF CEMETERY OR CREMATORY: Palmer
23d. LOCATION (City, town, or county) (State): Palmer, Potosi, Rt. 2, Mo.

24. FUNERAL DIRECTOR: Donald Sparks ADDRESS: Potosi, Missouri
25. DATE RECD. BY LOCAL REG.: 2/16/61
26. REGISTRAR'S SIGNATURE: Helen Kendall

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

FEB 23 1961

MAY 12 1961

JUL 6 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 Donald Sparks

Licensed Embalmer No. 4819

P. O. Address Potosi, Missouri

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.