

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023762

STATE FILE NUMBER

AMENDED

Registration District No. 354 Primary Registration District No. 6201 Registrar's No. 23

FILED JUL 11 1961

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>TEXAS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Sargent twp.</u>		Length of stay in 1b <u>9 yrs.</u>	c. CITY OR TOWN <u>Sargent twp.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 mi. SE of Cabool</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rt. 1, Cabool</u>
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>Everett</u> Middle <u>Lipscomb</u> Last <u>Lipscomb</u>			4. DATE OF DEATH Month <u>7</u> Day <u>5</u> Year <u>1961</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/7/24</u>	9. AGE (last birthday) <u>36</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>McClurg, Mo.</u>	11. BIRTHPLACE (City and state or country) <u>USA</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>R. E. Lipscomb</u>		
13b. MOTHER'S MAIDEN NAME <u>Sophia</u>		14. NAME OF HUSBAND OR WIFE <u>DeElda Lipscomb</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW II</u>		16. SOCIAL SECURITY NO. <u>WW II</u>		17. INFORMANT <u>DeElda Lipscomb, Rt. 1, Cabool</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>gun shot wounds in chest.</u> DUE TO (b) <u>Inflicted by his wife.</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>was shot 5 times by a .38 Cal. pistol while he</u>
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year <u>was sleeping in bed.</u>	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	20f. CITY, TOWN, OR LOCATION <u>Sargent, Twp., Texas, Mo.</u>
21. I <u>VIEWED</u> the deceased <u>on</u> <u>7/6/61</u> to _____ and last saw him alive on _____ Death occurred at <u>approx.</u> <u>11:40</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <u>James S. Gentry, Coroner</u>		22b. ADDRESS <u>Cabool, Mo.</u>		22c. DATE SIGNED <u>7-6-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>7/6/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>McClurg</u>	23d. LOCATION (City, town, or county) (State) <u>Ozark, County, Mo.</u>	
24. FUNERAL DIRECTOR <u>Elliott-Gentry, Cabool, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-7-61</u>	26. REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u>	

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 25 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 James L. Gentry
Licensed Embalmer No. 4718
P. O. Address Calool, 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.