

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026361

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 119

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 24 1962	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>	2. USUAL RESIDENCE (Where deceased lived.) If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Grand River Twp.</u> Length of stay in 1b <u>43 yr.</u>	c. CITY OR TOWN <u>Rural Grand River Twp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8 mi S.E. of Harrisonville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>8 mi S.E. of Harrisonville</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>RICHARD H. HIPPLE</u>	
4. DATE OF DEATH <u>July 14 1962</u>	
5. SEX <u>Male</u>	6. COLOR OF 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>May 18 1900</u> 62
9a. AGE (last birthday) <u>62</u>	IF UNDER 1 YEAR Months _____ Days _____
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>Farmer</u>
11. BIRTH PLACE (City and state or country) <u>Leeton, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13. FATHER'S NAME <u>Samuel Andrew Hipple</u>	14. MOTHER'S MAIDEN NAME <u>Iola Myrtle Wade</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____
17. INFORMANT <u>Dary B. Hipple</u> Address <u>Harrisonville, Mo.</u>	18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> 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
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 _____ 19 <u>54</u> to _____ and last saw her/him alive on _____ Death occurred at _____ <u>1 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>[Signature]</u> (Degree or title) _____	22b. ADDRESS <u>Harrisonville, Mo.</u>
22c. DATE SIGNED <u>July 16, 1962</u>	22d. SIGNATURE _____
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>	23b. DATE <u>July 16 1962</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Orient Cemetery</u>	23d. LOCATION (City, town, or county) <u>Harrisonville, Mo.</u>
24. FUNERAL DIRECTOR <u>Pannenburgs</u> ADDRESS <u>Harrisonville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>July 16-1962</u>
26. REGISTRAR'S SIGNATURE <u>New Ray Innes</u>	

VS 300 Rev. 4/59
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DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ
BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

AUG 10 1962

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 Frank E. Rensenbringer 3rd

Licensed Embalmer No. 5023

P. O. Address Harrisonville, 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.