

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

## =62-041859

STATE FILE NUMBER

Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 63

DO NOT WRITE ON THIS STUB

AMENDED

**FILED DEC 3 1962**

VS 300  
Rev. 4/59

1 0150  
2 0150

3

4 1

5 1

6

7 1

8 0

9 443X

10

11

12 20-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Osage</u>		c. CITY OR TOWN <u>Camden</u>	
Length of stay in lb <u>4 yrs</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>Lake Road 5 - 84</u>		d. STREET ADDRESS (If outside, give location) <u>Star Route C</u>	
3. NAME OF DECEASED (Type or print) First <u>Hazel</u> Middle <u>Lucille</u> Last <u>Tipton</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>23</u> Year <u>1962</u>	
5. SEX <u>Female</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>Aug. 10-1917</u>
9. AGE (last birthday) <u>45</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>13</u>	IF UNDER 24 HR Hours <u>13</u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Des Moines Iowa</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Joseph Timberlake</u>	
13b. MOTHER'S MAIDEN NAME <u>Alice ?</u>		14. NAME OF HUSBAND OR WIFE <u>William Tipton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT <u>Mr William Tipton, Camden Mo</u>		Address	
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>Chr Hypertensive Heart Disease with congestive type heart failure-</u> DUE TO (b) <u>Cirrhosis of the liver:</u> DUE TO (c) <u>-----</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>2 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>-----</u>			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 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.) <u>-----</u>	
20c. TIME OF INJURY Hour <u>-----</u> Month, Day, Year <u>-----</u> a.m. <u>-----</u> p.m. <u>-----</u>			
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.) <u>-----</u>	
20f. CITY, TOWN, OR LOCATION <u>-----</u>		COUNTY <u>-----</u> STATE <u>-----</u>	
21. I attended the deceased from <u>Jan 25 62</u> to <u>Nov 23 62</u> and last saw her/him alive on <u>Nov 21 62</u> Death occurred at <u>8 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Thos A. Wayland MD</u> <u>Thos. A. Wayland MD</u>		22b. ADDRESS <u>Camden, Missouri</u>	
22c. DATE SIGNED <u>Nov 24 62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 25-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Platte City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Platte City Mo</u>
24. FUNERAL DIRECTOR <u>Robert H. Reed</u> ADDRESS <u>Camden Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 24-1962</u>	
		26. REGISTRAR'S SIGNATURE <u>Zilpha J. Inaw</u>	

JAN 3 1963

**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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Camdenton 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.