

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

1810

State File No.

FILED JAN 25 1955

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 4335 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tipton</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tipton</u> <u>0680</u> d. STREET ADDRESS (If rural, give location) <u>0</u>	
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3. NAME OF DECEASED (Type or Print) <u>CHARLES</u>	a. (First) _____ b. (Middle) <u>KNIPP, SR.</u> c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 17, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 2, 1872</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 WKS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer - RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Missouri (5 1/2 mi NW Tipton)</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Peter Joseph Knipp</u>	13b. MOTHER'S MAIDEN NAME <u>HELEN ELIZABETH Limmernan</u>	14. NAME OF HUSBAND OR WIFE <u>Matilda Klins Knipp</u>
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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. ----- NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Tony Franken</u> <u>Tipton, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Myocardial Infarction Decompensated</u>		<u>10 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Tipton</u> <u>Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from July, 1947, to Jan. 17, 1955, that I last saw the deceased alive on Jan. 16, 1955, and that death occurred at 11:50 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Luc Hbert D.O.</u>	23b. ADDRESS <u>Tipton Mo</u>	23c. DATE SIGNED <u>1-18-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>JAN. 20, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Andrews Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Tipton Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 21-1955</u>	REGISTRAR'S SIGNATURE <u>Mrs. Maude Hudson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard D. Connor</u>	ADDRESS <u>Connor-Corn Funerary Home</u> <u>Tipton, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed..... *Richard H. Conn*

Signed.....

Student Embalmer

Licensed Embalmer No. *4703*

P. O. Address *Lipton, Mo.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.