

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

2078

State File No.

No. 300
10.48
FILED JAN 30 1952

BIRTH NO. _____		REG. DIST. NO. <u>225</u>		PRIMARY REG. DIST. NO. <u>4335</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. 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) <u>16 MTHS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tipton Rural Willowfork</u>		d. STREET ADDRESS (If rural, give location) <u>0680</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0680</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PETER</u> b. (Middle) <u>JOSEPH</u> c. (Last) <u>KNIPP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 21 1952</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>	8. DATE OF BIRTH <u>Nov. 8, 1870</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>13</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
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 _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>PETER JOSEPH KNIPP</u>		13b. MOTHER'S MAIDEN NAME <u>HELEN E. ZIMMERMAN</u>		14. NAME OF HUSBAND OR WIFE <u>LENA M. DICK</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Urban Bestgen</u>		ADDRESS <u>Tipton Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial insufficiency - decompensated</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>4 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>443 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
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?			
22. I hereby certify that I attended the deceased from <u>April 20, 1948</u> , to <u>JAN 21, 1952</u> , that I last saw the deceased alive on <u>JAN 20, 1952</u> , and that death occurred at <u>1 P.M.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. F. Schubert M.D.</u> (Degree or title)				23b. ADDRESS <u>Tipton Mo</u>		23c. DATE SIGNED <u>1-22-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 23, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Church Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Tipton Missouri</u>		
DATE REC'D BY LOCAL REG. <u>1-26-1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. Maude Hudson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard D. Cox</u>		ADDRESS <u>Cox Funeral Home, Tipton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

680
1

RECEIVED
DISTRICT HEALTH OFFICE No. 3
District File Number JAN 29 1952
Date Filed JAN 29 1952

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
Student Embalmer

Signed *Richard D. Conn*

Licensed Embalmer No. *4703*

P. O. Address *Box 243, Iipton, Ma.*

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