

FILED DEC 29 1950

STANDARD CERTIFICATE OF DEATH

41536

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>225</u>		PRIMARY REG. DIST. NO. <u>5797</u>		Registrar's No. <u>31</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>Moniteau</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Moniteau</u>		b. COUNTY <u>1680</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Willow Fork (Rural)</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>3 Mi. S. E. Tipton</u>		<u>Rural Willowfork</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Miles S.E. Tipton</u>				d. STREET ADDRESS (If rural, give location) <u>3 Miles S.E. Tipton</u>				
3. NAME OF DECEASED			4. DATE OF DEATH					
a. (First) <u>Elizabeth</u>		b. (Middle) <u>A.</u>	c. (Last) <u>Knipp</u>		(Month) (Day) (Year)	<u>12/19/50</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>January 6, 1870</u>		9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Moniteau County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Carl Pickenbauch</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude Schmiat</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Knipp (Deceased)</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carl Knipp, Tipton, Mo</u>		ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Insufficiency</u>							
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>							
	DUE TO (c)						<u>4252</u>	
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"/>		
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>12/19, 1950</u> , to <u>12/19, 1950</u> , that I last saw the deceased alive on <u>Dec 19 1950</u> , and that death occurred at <u>10: P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>C. F. Potts</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Tipton Mo</u>	23c. DATE SIGNED <u>12/24/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/22/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Tipton, Mo</u>				
DATE REC'D BY LOCAL REG. <u>Dec. 23-1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. Maude Hudson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Richard</u>		ADDRESS <u>Tipton Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

12/28/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12/28/50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Jessie E. Richards

Licensed Embalmer No. 2466

P. O. Address Lipton 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 this body is not embalmed, fact should be so stated above.