

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0027962
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registrar's District No. 316 Primary Registration District No. 3059 Registrar's No. 242

FILED AUG 1 1967

VS 300
Rev. 4/59

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DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

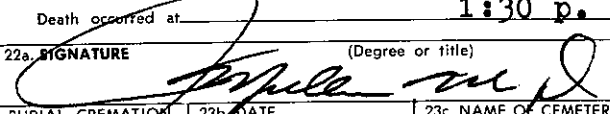

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		c. CITY OR TOWN Bonne Terre	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital		d. STREET ADDRESS (If outside, give location) 159 Church St.	
3. NAME OF DECEASED (Type or print) First Ida Middle Hipes Last Hipes		4. DATE OF DEATH Month July Day 19 Year 1967	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	9. AGE (last birthday) Months 12 Days 28 Hours 18 Min. 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Bonne Terre, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME Henry Pratte	
14. MOTHER'S MAIDEN NAME Adel Richardson		14. NAME OF HUSBAND OR WIFE George Hipes (DEC)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-50-7945-J1	
17. INFORMANT Mrs. Charles Ward		Address 159 Church-Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral embolism			INTERVAL BETWEEN ONSET AND DEATH 5 days
DUE TO (b) generalized arteriosclerosis associated with peripheral vascular disease with occlusion			
DUE TO (c) right femoral artery			
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 checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	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 10-13-53 , to 7-19-67 and last saw her alive on 7-19-67 Death occurred at 1:30 p. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) 		22b. ADDRESS Bonne Terre, Missouri	22c. DATE SIGNED 7-21-67
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-21-67	23c. NAME OF CEMETERY OR CREMATORY St. Francois Mem. Park	23d. LOCATION (City, town, or county) (State) Bonne Terre, Mo.
24. FUNERAL DIRECTOR ADDRESS C.Z. Boyer & SON-Bonne Terre, Mo.		25. DATE RECD. BY LOCAL REG. July 21, 1967	26. REGISTRAR'S SIGNATURE 

USE BLACK INK OR TYPEWRITER RIBBON

AUG 9 1967

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 Burlin T. Boyer, Jr.

Licensed Embalmer No. 5117

P. O. Address Bonneton, 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.