

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **6816**

Registration District No. **261**

Primary Registration District No. **5360B**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
(a) County DeKalb  
(b) City or town Stewartville Mo  
(If outside city or town limits, write "RURAL" and name of township)  
Rural Home 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 43 years (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County DeKalb  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. S. D. no. 1.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? native years.

**3. (a) PRINT FULL NAME** Henry Charles Piepergerdes  
**3. (b) If veteran,** \_\_\_\_\_ **3. (c) Social Security** \_\_\_\_\_  
name war \_\_\_\_\_ No. \_\_\_\_\_

**4. Sex** Male **5. Color or race** White  
**6. (a) Name of husband or wife** Alberta Piepergerdes **6. (c) Age of husband or wife if** \_\_\_\_\_  
alive 65 years  
**7. Birth date of deceased** April 10 - 1871  
(Month) (Day) (Year)

**8. AGE:** Years 69 Months 10 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** near Cassville, Dec. Monroe County, Mo  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Farmer

**11. Industry or business** Farming

**MOTHER FATHER**  
**12. Name** Elbert Piepergerdes  
**13. Birthplace** Germany  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Anna Hoffers  
**15. Birthplace** Germany  
(City, town, or county) (State or foreign country)

**16. (a) Informant's own signature** Carl Piepergerdes  
**(b) Address** Osborn, Missouri

**17. (a) BURIAL** (b) Date thereof 2 Feb. 14 - 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove Cem

**18. (a) Signature of funeral director** \_\_\_\_\_  
**(b) Address** \_\_\_\_\_

**19. (a) John A. 44** (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Feb day 17  
year 1941 hour 6 minute 45 A. M.  
**21. I hereby certify that I attended the deceased from** 11  
February, 1941, to Feb 17, 1941;  
that I last saw him alive on Feb 11, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Thrombosis Duration 6 1/2 hours

Due to \_\_\_\_\_  
Due to 94 W

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

**23. Signature** M. S. Hale (M. D. or other) \_\_\_\_\_  
Address Osborn Mo. Date signed 2/19/41

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed J. G. Moore

Licensed Embalmer No. 952

P. O. Address Stewartville, 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, above space should be left blank.**