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

25355

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 26509

FILED SEP 4 1946

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 287

**1. PLACE OF DEATH:**

(a) County Cape Girardeau

(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Saint Francis Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether

In this community all 27 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Cape Lie

(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL")

(d) Street No. 1300 N Spanish (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Louis A. Pippin

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M C

5. Color or race W

6. (a) ~~Single, widowed~~, married, ~~divorced~~ 1

6. (b) Name of husband or wife Lucy

6. (c) ~~Age of husband~~ or wife if alive 59 years

7. Birth date of deceased Dec (Month) 14 (Day) 1861 (Year)

8. AGE: Years 74 Months 7 Days 18 If less than one day hr. min.

9. Birthplace Tennessee (City, town, or county) 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business none

FATHER
12. Name John Pippin
13. Birthplace Tennessee (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Mary Koch
15. Birthplace Tennessee (City, town, or county) 1 (State or foreign country)

16. (a) Informant Lucy Pippin

(b) Address Cape Girardeau

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3-46 (Month) (Day) (Year)

(c) Place: burial or cremation Burial Permanent

18. (a) Signature of funeral director Joe G. Howell

(b) Address Cape Girardeau

19. (a) 8-28-1946 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 2nd year 1946 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 15, 1946, to Aug 2, 1946; that I last saw him alive on Aug 2, 1946; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary Artery disease | 1 mo |
| Due to Chr. Myocarditis | 3 yrs. |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) 938 | |
| 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. F. Oehler (M. D. or other)

Address Cape Girardeau, Mo. Date signed 8/2/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 946-2545

Date Filed 9-3-46

OCT 18 1946

## 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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

**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.**