

FILED SEP 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27415

State File No.

BIRTH NO. 124 REG. DIST. NO. 3206 PRIMARY REG. DIST. NO. 3042 Registrar's No. SES

62

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

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>BUTLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FREDERICKTOWN</u> c. LENGTH OF STAY (in this place) <u>5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - ASH HILL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HEAD DRIVE 1</u>		d. STREET ADDRESS (If rural, give location) <u>ROUTE #1, FISK, MO.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SIDNEY</u>	b. (Middle) <u>—</u>	c. (Last) <u>PIPKINS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 31 1949</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>March 20, 1889</u>	9. AGE (In years last birthday) <u>60</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>COOPER COUNTY MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>William PIPKINS</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH GATES</u>	14. NAME OF HUSBAND OR WIFE <u>FLORA PIPKINS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WORLD WAR I</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LESLIE SEABAUGH, Fredericktown, Mo.</u> ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial degeneration</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>bronchial asthma</u>		<u>30 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>241A</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 25, 1949, to Aug 31, 1949, that I last saw the deceased alive on Aug 31, 1949, and that death occurred at 2:10 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Kenneth P. Wheeler</u>	23b. ADDRESS <u>Fredericktown, Mo.</u>	23c. DATE SIGNED <u>9-1-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-4-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ASH HILL</u>	24d. LOCATION (City, town, or county) (State) <u>Butler County Missouri</u>
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DATE REC'D BY LOCAL REG. <u>9-1-1949</u>	REGISTRAR'S SIGNATURE <u>Therese Pickett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sam Dajin</u> ADDRESS <u>Dr. Fredericktown, Mo.</u>
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RECEIVED 9-8-49

District Health Officer No. 4

District File Number 949-118

Date Filed

OCT 18 1949

OCT 18 1949

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.

Signed Sam Sajim, Jr.

Signed _____
Student Embalmer

Licensed Embalmer No. 4299

P. O. Address Fredericktown, Md

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.