

FILED SEP 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29726

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

BIRTH NO. _____		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>3017</u>		Registrar's No. <u>113</u>			
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		d. STREET ADDRESS (If rural, give location) <u>213 E. Spring St.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>213 E. Spring St.</u>					
3. NAME OF DECEASED (Type or Print) <u>Flora Pieper</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>Sept. 20 1949</u>		(Month)		(Day)		(Year)			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>May 30th 1883</u>			
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 14 HRS. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Drug Store</u>		11. BIRTHPLACE (State or foreign country) <u>Boonville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Florenz Pieper</u>			13b. MOTHER'S MAIDEN NAME <u>Katherine Gartney</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>495-07-6096</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. P. Pieper</u> ADDRESS <u>Boonville, Mo.</u>				
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, ashenia, etc.—It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Hypertensive - arteriosclerotic Cardiovas.</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <u>cular disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>± 8 hours</u>	
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) (Min.)		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>9:30-49</u> , 19 <u>49</u> , to <u>9:20-49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9:20-49</u> , 19 <u>49</u> , and that death occurred at <u>8:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>B. M. Stuart, M.D.</u>			23b. ADDRESS <u>329 Main St. Boonville, Mo.</u>			23c. DATE SIGNED <u>9-22-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 22nd /49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Boonville, Missouri.</u>			
DATE REC'D BY LOCAL REG. <u>Sept 24-49</u>		REGISTRAR'S SIGNATURE <u>D. Hooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Goodman & Boller</u>		ADDRESS <u>Boonville, Missouri.</u>			

RECEIVED SEP 27

District Health Officer No. 8.

District File Number _____

Date Filed 9-28-49

OCT 28 1949

DEC 3 1951

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 _____
Student Embalmer

Signed J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.