

FILED DEC 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4345 State File No. **38081**
5821 Registrar's No. **58**

BIRTH NO. _____		REG. DIST. NO. 238		PRIMARY REG. DIST. NO. _____		Registrar's No. 58	
1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Matthews		c. LENGTH OF STAY (in this place) 2Yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R. F. D. 3		d. STREET ADDRESS (If rural, give location) Matthews R.F.D. 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				4. DATE OF DEATH (Month) (Day) (Year) Nov., 29 1949			
3. NAME OF DECEASED (Type or Print) a. (First) Lonnie		b. (Middle) B.		c. (Last) Pipkins		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
5. SEX Male		6. COLOR OR RACE Colored		8. DATE OF BIRTH March 30 1932		9. AGE (In years last birthday) 17 IF UNDER 1 YEAR: Months 8 Days 2 IF UNDER 24 HRS. Hours 2 Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Boy		10b. KIND OF BUSINESS OR INDUSTRY xxxxx		11. BIRTHPLACE (State or foreign country) New Madrid Mo. R.F. D.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Will Pipkins		13b. MOTHER'S MAIDEN NAME Mary Tate		14. NAME OF HUSBAND OR WIFE Son.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Will Pipkins Matthews Mo. R.F.D.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Suppurative Tonsillitis				INTERVAL BETWEEN ONSET AND DEATH 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21f. HOW DID INJURY OCCUR	
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"/>		22. I hereby certify that I attended the deceased from Oct-29, 1949 , to same , 19____, that I last saw the deceased alive on Oct-29, 1949 , and that death occurred at 11 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) B.L. Mammulla D.O.		23b. ADDRESS Superston Mo.		23c. DATE SIGNED 12-1-49			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Sunset Cemetery		24d. LOCATION (City, town, or county) (State) West End Sikeston, Mo.	
DATE REC'D BY LOCAL REG. 12-2-49		REGISTRAR'S SIGNATURE Helew Loue Jones		25. FUNERAL DIRECTOR'S SIGNATURE Fred J. Smith		ADDRESS 1212 Maud St. Sikeston Mo.	

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

RECEIVED
District Health Office No. 2.
District File Number 1249-123
Date Filed _____

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 _____

Fred J. Smith

Signed _____
Student Embalmer

Licensed Embalmer No. 4408

P. O. Address *Sikeston, 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.