

FILED NOV 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. 33045
Registrar's No. 109

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017

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) <u>Boonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u> <u>0272</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>517 Rural St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>517 Rural St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PINKY</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>CHIPLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 9th 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>May 15th 1870</u>		9. AGE (In years last birthday) <u>80</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Edward Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Scott</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Chipley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Florence Washington</u> ADDRESS <u>Boonville, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral thrombosis</u>		DUE TO (b) <u>Cerebral arteriosclerosis</u>		<u>260X</u>	
		ANTECEDENT CAUSES		DUE TO (c) <u>Diabetes mellitus</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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) _____		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 Aug, 1949, to Nov 9, 1950, that I last saw the deceased alive on Nov 9, 1950, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. G. Paine M.D.</u>		23b. ADDRESS <u>Boonville, Mo.</u>		23c. DATE SIGNED <u>11/10/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-11-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City</u>	
24d. LOCATION (City, town, or county) (State) <u>Boonville Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart P. Parker</u>		ADDRESS <u>Columbia Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-10-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 381			

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

RECEIVED

11/13/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11/13/50

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~~ _____

working under my personal supervision.

Signed _____
Student Embalmer

Student Embalmer No. _____

Signed

Stuart Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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.