

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21817**

FILED JUN 20 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **4503** Registrar's No. **53**

030

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

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Bernie</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Bernie</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Carrie</b>	b. (Middle) <b>Belle</b>	c. (Last) <b>Pippins</b>	<b>June 6, 1951</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 14, 1886</b>		9. AGE (In years last birthday) <b>64</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House-wife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Bernie, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>

13a. FATHER'S NAME <b>Bud Pendegragt</b>	13b. MOTHER'S MAIDEN NAME <b>Rebecca Poplin</b>	14. NAME OF HUSBAND OR WIFE <b>Sherman Pippins</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>---</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Sherman Pippins Bernie, Mo.</b>

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer started in womb</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>3 yrs ago had Radium in St Louis</b> DUE TO (c) <b>late spread to liver's stomach</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>174X</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Radem - 3 yrs ago in St Louis</b>	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., no.)	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 <b>June 1, 1951</b> , to <b>June 6, 1951</b> , that I last saw the deceased alive on <b>June 1, 1951</b> , and that death occurred at <b>11:05 AM</b> , from the causes and on the date stated above.		

23a. SIGNATURE <b>L. Oakstrom MD</b>	(Degree or title)	23b. ADDRESS <b>22 Malvern</b>	23c. DATE SIGNED <b>June 5</b>
24a. BURIAL-CREMATATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-8-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bernie</b>	24d. LOCATION (City, town, or county) (State) <b>Bernie, Missouri</b>

DATE REC'D BY LOCAL REG. <b>6-14-51</b>	REGISTRAR'S SIGNATURE <b>Velma W. Jenkins</b>	409	25. FUNERAL DIRECTOR'S SIGNATURE <b>Strickland-Rainey</b>	ADDRESS <b>Dexter, Mo.</b>
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RECEIVED

JUN 19 1951

DISTRICT HEALTH OFFICE No. 6

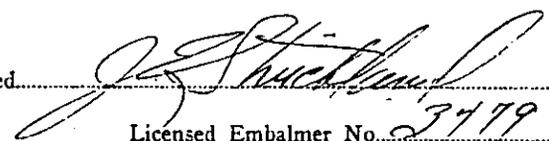
File No.....

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.....



Licensed Embalmer No. 3779

P. O. Address Dexter 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.