

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30780**

BIRTH NO. **FILED SEP 20 1951** REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **9040** Registrar's No. **115**

1. PLACE OF DEATH a. COUNTY <i>Linnington</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Linnington</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Chillicothe</i>	c. LENGTH OF STAY (In this place) <i>2 yrs.</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Chillicothe</i>	<i>0542</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>444 1/2 Jackson</i>		d. STREET ADDRESS (If rural, give location) <i>444 1/2 Jackson</i>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <i>Harry</i>	b. (Middle) <i>W.</i>	c. (Last) <i>Kiple</i>	(Month) <i>Sept.</i>	(Day) <i>2</i>	(Year) <i>1951</i>
5. SEX <i>male</i>	6. COLOR OF RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Sept. 25, 1875</i>	9. AGE (In years) last birthday <i>75</i>	IF UNDER 1 YEAR Months <i>11</i> Days <i>7</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Gracer Ret.</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Quarry stone</i>	11. BIRTHPLACE (State or foreign country) <i>Kingston, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		

13a. FATHER'S NAME <i>Ussac P. Kiple</i>	13b. MOTHER'S MAIDEN NAME <i>Elizabeth Smith</i>	14. NAME OF HUSBAND OR WIFE <i>Hape Kiple</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Leonard Kiple - Chillicothe, Mo.</i>

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>331X</i>	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)
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 *Jan. 1, 1947*, to *Sept. 2, 1951*, that I last saw the deceased alive on *Sept. 2, 1951*, and that death occurred at *2:20 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Joseph A. Conrad M.D.</i>	(Degree or title)	23b. ADDRESS <i>Chillicothe, Mo.</i>	23c. DATE SIGNED <i>Sept. 5-51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>Sept - 6-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Elgwood</i>	24d. LOCATION (City, town, or county) (State) <i>Chillicothe, Mo.</i>

DATE REC'D BY LOCAL REG. <i>Sept-5-51</i>	REGISTRAR'S SIGNATURE <i>James B. Neel</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>171 Harold Gordon - Chillicothe, Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Chillicothe



SEP 27 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 Ronald Jordan

Licensed Embalmer No. 4191

P. O. Address Phillipston, 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.