

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41112

State File No. ....

FILED JAN 9 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5350 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>HICKORY</u>	
b. CITY OR TOWN <u>Rural-Lincoln</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-STAR 0430</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Edde</u> c. (Last) <u>PIPPIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-16-1951</u>		
5. SEX <u>M. M</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M. 1</u>	
8. DATE OF BIRTH <u>NOV-1-1873</u>		9. AGE (In years last birthday) <u>78</u>		10. UNDER 1 YEAR Months <u>9</u> Days <u>15</u> Hours <u></u> Mins. <u></u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>33W Mill Thrashing Machine</u>		11. BIRTHPLACE (State or foreign country) <u>Weston, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
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13a. FATHER'S NAME <u>William C. PIPPIN</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Jane Bubee</u>		14. NAME OF HUSBAND OR WIFE <u>Ada May PIPPIN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. Ada M. PIPPIN Urbana</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Hypertension</u>				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) <u>Senility</u>					
		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 <u>4222</u>				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) <u>11:55 AM</u>		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 10-15, 1951, to 12-16, 1951, that I last saw the deceased alive on 12-14, 1951, and that death occurred at 8 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>P. J. Bailey</u> (Degree or title)		23b. ADDRESS <u>Urbana Mo</u>		23c. DATE SIGNED <u>Jan 5 1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-18-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BOWERS chapel com</u>		24d. LOCATION (City, town, or county) (State) <u>Dallas Co Mo</u>	

DATE REC'D BY LOCAL REG. <u>1/5-1952</u>		REGISTRAR'S SIGNATURE <u>Grace Peterson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Vaughan-Reser Urbana, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Student Embalmer No.....

Signed.....

*Allen W. Vaughan*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4156*

P. O. Address *Herbans, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

*V . . .*