No. 300
10.48

0396
0

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

FILED MAR 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4660

BIRTH NO. 6479 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 199

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Springfield Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo
b. COUNTY: Dallas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buffalo (Rural)
d. STREET ADDRESS (If rural, give location): 0375

3. NAME OF DECEASED (Type or Print)
a. (First): Joyce
b. (Middle): Irene
(Last): Piper

4. DATE OF DEATH (Month) (Day) (Year): Feb. 28, 1952

5. SEX: Female
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Feb. 24, 1952
9. AGE (In years last birthday): - - - | If under 1 year: Months - - - Days 4 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - - -
10b. KIND OF BUSINESS OR INDUSTRY: - - - - -
11. BIRTHPLACE (State or foreign country): Buffalo Mo. R#1.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Claude Piper.
13b. MOTHER'S MAIDEN NAME: Opal Pauline Jasper.
14. NAME OF HUSBAND OR WIFE: - - - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): - - -
(If yes, give war or dates of service): - - - - -
16. SOCIAL SECURITY NO.: - - - -
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Claude Piper, Buffalo Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 4d

ANTECEDENT CAUSES

Morbid 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: 776x
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-25, 1952, *to* 2-28, 1952, *that I last saw the deceased alive on* 2-27, 1952, *and that death occurred at* 6 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Urban Busick (Degree or title): M.D.
23b. ADDRESS: Springfield Mo.
23c. DATE SIGNED: 2-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-29-52
24c. NAME OF CEMETERY OR CREMATORY: Prairie Grove Cemetery
24d. LOCATION (City, town, or county) (State): Dallas Co. Mo.

DATE REC'D BY LOCAL REG.: 2-29-52
REGISTRAR'S SIGNATURE: James R. Amos, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: J. B. Jones Buffalo Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Marvin B Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 4399

P. O. Address Buffalo 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.