

S. No. 309
JUN 27 1952
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6257 State File No. 23475
REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6257 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY WAYNE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY WAYNE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEEPER		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEEPER 1110	
c. LENGTH OF STAY (In this place) 28 yr.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) JACKSON b. (Middle) PIDDIN c. (Last) PIDDIN			4. DATE OF DEATH (Month) (Day) (Year) JUNE 15 1952		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	
8. DATE OF BIRTH FEB. 16, 1876		9. AGE (In years) (last birthday) 76		IF UNDER 1 YEAR: Months 3 Days 29	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired railroad		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) IRON CO. - Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME John PIDDIN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE ETTA SHAVER		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 Clay Pippin St. Louis, Mo. ADDRESS					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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				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)		331X	
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 **6-7-1952** to **6-15-1952** that I last saw the deceased alive on **6-15-1952** and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE A. G. Bond (Degree or title) M.D.		23b. ADDRESS Piedmont, Mo.		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/17/52		24c. NAME OF CEMETERY OR CREMATORY Grasshopper Cem	
24d. LOCATION (City, town, or county) (State) Near Piedmont Mo.		DATE REC'D BY LOCAL REG. June 18, 1952		REGISTRAR'S SIGNATURE Hazel Ward #60	
25. FUNERAL DIRECTOR'S SIGNATURE Thomson W. Bush		ADDRESS 720 Piedmont			

(Licensed Embalmer's Statement on Reverse Side)

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

110
1

RECEIVED

JUN 26 1952

WAYNE CO. HEALTH CENTER

FILE No. 652-46

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Marcus E. Boyle

Licensed Embalmer No. 4424

P. O. Address *Richmond 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.