S. No. 300
v. 10.48

FILED JAN 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

829

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5334 Registrar's No. .....

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1

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

1. PLACE OF DEATH
a. COUNTY: DADE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL LOCKWOOD
c. LENGTH OF STAY (in this place): 65
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: DADE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL LOCKWOOD
d. STREET ADDRESS (If rural, give location): 0290

3. NAME OF DECEASED (Type or Print)
a. (First): FRIEDRICH
b. (Middle): WILLIAM
c. (Last): PIEPENBRINK ~~PIENBRINK~~

4. DATE OF DEATH (Month) (Day) (Year): JAN 22 1953

5. SEX: MALE
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAY 19-1868
9. AGE (In years last birthday): 84 — If under 1 year: Months 8, Days 3 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY: 4
11. BIRTHPLACE (State or foreign country): MINDEN GERMANY
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: FREDRICH PIEPENBRINK
13b. MOTHER'S MAIDEN NAME: DONT KNOW
14. NAME OF HUSBAND OR WIFE: MARY PIEPENBRINK ~~PIENBRINK~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: A.H. PIEPENBRINK
ADDRESS: LOCKWOOD 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): chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 4221

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
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* October 1950, *to* Jan 21, 1953, *that I last saw the deceased alive on* Jan 21, 1953, *and that death occurred at* 3:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Rudolf Kuapp MD
23b. ADDRESS: Golden City, Mo
23c. DATE SIGNED: 1/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 25 1953
24c. NAME OF CEMETERY OR CREMATORY: Zion Lutheran
24d. LOCATION (City, town, or county) (State): Minnesota Dade Mo

DATE REC'D BY LOCAL REG.: 1-24-53
REGISTRAR'S SIGNATURE: J. C. Canada 478-0
25. FUNERAL DIRECTOR'S SIGNATURE: R. L. Hammerdiehl
ADDRESS: Lockwood 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 None

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed R. L. Hamsdyll

Licensed Embalmer No. 3234

P. O. Address Lockwood 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.