

No. 300
10.48

FILED MAR 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12909

State File No.

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 446 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>ST. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. GENEVIEVE MO.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST MARY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST MARY</u> <u>0950</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST MARY</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EFFIE</u> b. (Middle) <u>OCTAVIA</u> c. (Last) <u>PIRTLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 4 1953</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT 26 1886</u>	9. AGE (In years last birthday) <u>66</u>	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>DOB RUN MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>WILLIAM THURMAN</u>	13b. MOTHER'S MAIDEN NAME <u>ALICE BURCH</u>	14. NAME OF HUSBAND OR WIFE <u>NEAL CLARE PIPTLE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MILTON PIPTLE</u> ADDRESS <u>CENTERVILLE STATION 116</u>
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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>Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary lesion unknown</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> <u>1991</u>
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>metastatic carcinoma throughout abdomen</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Oct, 1952, to March 4, 1953, that I last saw the deceased alive on Mar 4, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph F. Lukowitz M.D.</u> (Degree or title)	23b. ADDRESS <u>St. Marys Mo</u>	23c. DATE SIGNED <u>Mar 6 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>MAR. 7 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. GENEVIEVE MO</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 7, 1953</u>	REGISTRAR'S SIGNATURE <u>Luella Barber</u> <u>481</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rec. Barber St. Genevieve Mo</u> ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 17 1968

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 Adrian J. Ehler

Licensed Embalmer No. 4740

P. O. Address St. Genevieve

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.