

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **23576**

FILED JUN 19 1953

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **90**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Madrid @ 7.21	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hosp.		d. STREET ADDRESS (If rural, give location) P.O. Box 486	

3. NAME OF DECEASED (Type or Print) Dakota Dakota Archie Pippins			4. DATE OF DEATH (Month) (Day) (Year) June 5-1953		
--	--	--	---	--	--

5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-4-1920	9. AGE (In years last birthday) 33	10. UNDER 1 YEAR (Months) Days	11. UNDER 24 HRS. (Hours) Mins.
---------------------------	--	--	---	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher	10b. KIND OF BUSINESS OR INDUSTRY New Madrid	11. BIRTHPLACE (City and State or Foreign Country) Little Rock, Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	---

13a. FATHER'S NAME Archie Pippins	13b. MOTHER'S MAIDEN NAME Azella Montgomery	14. NAME OF HUSBAND OR WIFE Ruth Alexander
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no Yes no W.W. #2	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Ruth A. Pippins, new Madrid, MOX 486	ADDRESS
--	---	--	----------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 days.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema		
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Myocardial Insufficiency DUE TO (c) Essential Hypertension		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Diabetes Mellitus			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443X	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)
---	---	--

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 May 31, 1953, to June 5, 1953, that I last saw the deceased alive on JUNE 4, 1953, and that death occurred at 3:10 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Andrea B. Smith M.D.	23b. ADDRESS Sikeston, Mo.	23c. DATE SIGNED 6 Jun 53
---	--	---

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-7-53	24c. NAME OF CEMETERY OR CREMATORY Sand Hill	24d. LOCATION (City, town, or county) (State) New Madrid, Mo.
--	--------------------------------	--	---

DATE REC'D BY LOCAL REG. 6-8-53	REGISTRAR'S SIGNATURE Mrs. Olla Hunter	25. FUNERAL DIRECTOR'S SIGNATURE Ponder Funeral Home-Lilbourn, Mo.	ADDRESS
---	--	--	----------------

(Licensed Embalmer's Statement on Reverse Side)

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

0

3.300
3.48

RECEIVED JUN 15 1953
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 653-134

MAR 23 1954

SEP 3 1953

AUG 6 1953

DEC 9 1953

JUN 19 1953

DEC 8 1953

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address Lilbourn, 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.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

235710-53
State File No.

State of Missouri
County of New Madrid SS

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No.

On this 27 day of Aug., 1953, before me appears Ruth Pippins, who, upon her oath, states that the original record of ~~birth~~ death for Dakota Archie Pippins, died June 5, 1953, in the State of Missouri, and which was filed at Jefferson City on June 19, 1953, should be corrected as follows:

Item No. 3 should read Dakota Archie Pippins
Instead of Dokata Archie Pippins
Item No. 15 should read yes, veteran world war #2
Instead of no.

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ruth Pippins Wife
Box 486 New Madrid Mo. Relationship.
Present Address.

Subscribed and sworn to before me this 27 day of August, 1953
My Commission expires 2-8-54 John W. Lane Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

