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

FILED SEP 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34723

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Slater
c. LENGTH OF STAY (In this place): 1½ yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Slater 0971 0
d. STREET ADDRESS (If rural, give location): Emma St.

3. NAME OF DECEASED (Type or Print)
a. (First): Virginia
b. (Middle): Madden
c. (Last): Piper

4. DATE OF DEATH (Month) (Day) (Year): Sept. 14-'53

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Nov. 18-1870
9. AGE (In years last birthday): 82 — If under 1 year: Months 9, Days 26 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and State or Foreign Country): Saline Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Stephen Emison
13b. MOTHER'S MAIDEN NAME: Julia Madden
14. NAME OF HUSBAND OR WIFE: widow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Stephen Piper, Slater, 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) Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ~~[illegible]~~ Ascities
DUE TO (c)

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4222
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* Jan, 1952, *to* Sept. 13, 1953, *that I last saw the deceased alive on* Sept. 13, 1953 *and that death occurred at* 1230 D *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. L. Lawless M.D.
23b. ADDRESS: Marshall Mo.
23c. DATE SIGNED: Sept. 14, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/17/53
24c. NAME OF CEMETERY OR CREMATORY: Ridge Park Cemetery
24d. LOCATION (City, town, or county) (State): Marshall, Mo.

DATE REC'D BY LOCAL REG.: 9/17/53
REGISTRAR'S SIGNATURE: Mrs. Earl C. Metz 2924 C
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Hill Brothers Slater, 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. 1292

working under my personal supervision.

Student .....
Student Embalmer

Signed Sam M Hill

Licensed Embalmer No. 1292

P. O. Address Sam M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.