

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **38236**

FILED DEC 8 1953

BIRTH NO. _____ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **5112** Registrar's No. **71**

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

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY BOLLINGER	
b. CITY OR TOWN SANK-RURAL-LORRAINE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SANK-ROYAL-LORRAINE JWP	
c. LENGTH OF STAY (in this place) 8 yrs		d. STREET ADDRESS (If rural, give location) 9090	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			
3. NAME OF DECEASED a. (First) MARY b. (Middle) WINNIE c. (Last) EASTEP			4. DATE OF DEATH (Month) (Day) (Year) Nov 27-1953
5. SEX F-m	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH MARCH 17-1861
9. AGE (in years last birthday) 92	IF UNDER 1 YEAR Months 8	IF UNDER 1 YEAR Days 10	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY NO	11. BIRTHPLACE (State or foreign country) Anniston, Tenn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Thomas Pipes	13b. MOTHER'S MAIDEN NAME EMALINE Adams	14. NAME OF HUSBAND OR WIFE MILIAM Guest	
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 Harland Hanks Lutestville Mo ADDRESS Lutestville 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, asthma, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Victim was burned to death - only small portion of body remained			E9160 16
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sank-Lorraine-Bollinger Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NOV 27-1953 A.M. 4	21e. INJURY OCCURRED WHILE AT (CHECK WHILE WORKING) <input checked="" type="checkbox"/> at home	21f. HOW DID INJURY OCCUR? House Burned 009	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on Nov 27 , 19 53 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Gene Ward Coroner (Degree or title)		23b. ADDRESS Lutestville, Mo	23c. DATE SIGNED 11-28-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-29-53	24c. NAME OF CEMETERY OR CREMATORY Baker Cem.	24d. LOCATION (City, town, or county) (State) Lutestville, Mo.
DATE REC'D BY LOCAL REG. Nov. 30-53	REGISTRAR'S SIGNATURE Willie Van Amburgh	25. FUNERAL DIRECTOR'S SIGNATURE Gene Ward Lutestville Mo	ADDRESS Lutestville Mo

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 *Not Embalmed* _____

Licensed Embalmer No. _____

P. O. Address _____

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.

*Ward Funeral Home
Lutesville, Me*