

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7927**

BIRTH NO. **FILED MAR 29 1954** REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **80**

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE, (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits write RURAL and give township) <b>Fulton</b>	c. LENGTH OF STAY (in this place) <b>22 yrs 2 mo</b>	c. CITY OR TOWN <b>St James</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>0810</b>	

3. NAME OF DECEASED a. (First) <b>ELLEN</b> b. (Middle) <b>BELLE</b> c. (Last) <b>PUIPPE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 18, 1954</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>May 1875-79</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Switzerland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Henry Puiippe</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine Gay</b>		14. NAME OF HUSBAND OR WIFE <b>Mike Amibili</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hospital Records Fulton Mo</b>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Central nervous system syphilis</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 <b>026X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **Jan 1, 1954**, to **Mar 18, 1954**, that I last saw the deceased alive on **Mar 18, 1954**, and that death occurred at **4:16 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>S. R. Hunter MD by Hand</b>		23b. ADDRESS <b>Fulton Mo</b>		23c. DATE SIGNED <b>3/18/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3-25-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board Columbia and</b>	
24d. LOCATION (City, town, or county) (State) <b>Columbia MO</b>		DATE REC'D BY LOCAL REG. <b>Mar 25 1954</b>		REGISTRAR'S SIGNATURE <b>Martha Lawrence</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>J. O. Roberts</b>		ADDRESS <b>Columbia MO</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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**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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

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