

FILED SEP 8 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27980

State File No. ....

No. 300  
10-48

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>429</u>	
1. PLACE OF DEATH a. COUNTY <b>JASPER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>JOPLIN</b>		c. LENGTH OF STAY (in this place) <b>5 WEEKS</b>		c. CITY OR TOWN <b>JOPLIN</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FREEMAN HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>2142 W. 4TH ST. 04950</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>LAURA</b>			b. (Middle) <b>JANE</b>		c. (Last) <b>PIEFFER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 27, 1954</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>DEC. 27, 1877</b>		9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOMEMAKING</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>SPRINGFIELD, ILL.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>WILLIAM DINES</b>		13b. MOTHER'S MAIDEN NAME <b>TALITHA WRIGHT</b>		14. NAME OF HUSBAND OR WIFE <b>CLYDE G. PIEFFER, DEC'D</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS HARRY BROWN, KANSAS CITY, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio Sclerotic Heart Disease</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2/15/52</b> <b>8/27/54</b>
	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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4200</b>			
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 <u>2-15-52</u> , 19 <u>52</u> , to <u>8/27</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8-27</u> , 19 <u>54</u> , and that death occurred at <u>5:45a</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <i>John W. Kordehler MD</i> (Degree or title)				23b. ADDRESS <b>805 Frisco Bldg. Joplin, Mo</b>		23c. DATE SIGNED <b>8/30/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>8-28-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OZARK MEMORIAL PARK</b>		24d. LOCATION (City, town, or county) (State) <b>JOPLIN, MISSOURI</b>		
DATE REC'D BY LOCAL REG. <b>9-1-54</b>		REGISTRAR'S SIGNATURE <i>John W. Kordehler</i> 138		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 1 1954

RECEIVED SEP 7  
Jasper County Health Office  
County File Number 54-9-2  
Date Filed SEP 7 1954

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 *F. M. Jones*.....  
Licensed Embalmer No. 231

P. O. Address *Joplin*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.