

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>0</u>		e. STREET ADDRESS (If rural, give location) <u>R R # 3</u>	<u>0680</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robley F.</u> b. (Middle) <u>Piper</u> c. (Last) <u>Piper</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 11, 1955</u>
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5. SEX <u>Male</u> <input type="checkbox"/>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 2, 1908</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>9</u>	IF UNDER 4 HRS. Hours <u>Min.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Knaus Truck Line</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>Henry Irving Piper</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret M. Arnold</u>	14. NAME OF HUSBAND OR WIFE <u>Jennie Briggs Piper</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>490 1E 4074</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Robley F. Piper, Hannibal Missouri</u>	ADDRESS <u>Hannibal Missouri</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severe crushing injury, Ruptured Chest</u>		<u>1 hour</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Exposure to cold</u>		<u>1 hour</u>
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Multiple lacerations of scalp + head.</u>		<u>1 hour</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E 8250</u> <u>33</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hwy 36, East of Hannibal</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hannibal Pike County Illinois</u>
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21d. TIME OF INJURY <u>February 11, 1955</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Driver pinned beneath trailer</u>
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22. I hereby certify that I attended the deceased from 2-11, 1955, to 2-11, 1955, that I last saw the deceased alive on 2-11, 1955, and that death occurred at 7:50P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert J. Lanning, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Hannibal, Mo</u>	23c. DATE SIGNED <u>2/14/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/14/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olive</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-15-55</u>	REGISTRAR'S SIGNATURE <u>Dr. E.M. Lucke By W.C. Fisher</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.C. Fisher</u>	ADDRESS <u>Hannibal Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED FEB 18 1955
MARION CO. HEALTH DEPT.
DATE FILED FEB 18 1955

1955 FEB 18 1955

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 *John S. Stand*

Licensed Embalmer No. *4540*

P. O. Address Hannibal, Mi

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.