

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7406**

FILED MAR 17 1955
BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **187**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (in this place) 30 yrs.	c. CITY OR TOWN Poplar Bluff		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home: 109 No "E" St.		e. STREET ADDRESS (If rural, give location) 109 No. "E" St.			
3. NAME OF DECEASED (Type or Print) a. (First) Phoebia b. (Middle) Ellen c. (Last) Pipes			4. DATE OF DEATH (Month) (Day) (Year) February 25, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 18, 1881	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY ----	11. BIRTHPLACE (City and State or Foreign Country) Newton, Ill.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Wickliff Green		13b. MOTHER'S MAIDEN NAME Sarah Wilson		14. NAME OF HUSBAND OR WIFE L. H. Pipes	
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS L. H. Pipes Poplar Bluff, 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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris ANTECEDENT CAUSES DUE TO (b) Broncho Pneumonia DUE TO (c) Influenza II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pifuro Bronchiectasis				INTERVAL BETWEEN ONSET AND DEATH 1 hour 4 weeks 6 weeks 2 yrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 480X			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)			
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. 14, 1953 , to 2-25, 1955 , that I last saw the deceased alive on 2-25, 1955 , and that death occurred at 10:30 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) W. H. Burton, M.D.		23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 2-28-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-27-1955	24c. NAME OF CEMETERY OR CREMATORY Bond Cemetery	24d. LOCATION (City, town, or county) (State) Knobel, Arkansas		
DATE REC'D BY LOCAL REG. 3/8/55	REGISTRAR'S SIGNATURE R. D. Mueller		25. FUNERAL DIRECTOR'S SIGNATURE Russell-Ermert	ADDRESS Corning, Ark.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAR 14 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

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 _____ Me _____, Student Embalmer No. _____, working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *Richard O. Erme* _____

Licensed Embalmer No. *78* _____

P. O. Address *Corning, A* _____

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.