

FILED JAN 4 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. 39950

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5245 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give name of township) <u>Rural Keytesville Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City 32-17</u>	
c. LENGTH OF STAY (If in hospital, give ward, room, and date of admission) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>1421 Michigan Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South East Keytesville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ERNEST</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>PIPER</u>		4. DATE OF DEATH (Month) <u>Dec</u> (Day) <u>18</u> (Year) <u>1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucas</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>never married</u>	8. DATE OF BIRTH <u>July 30 - 1939</u>
9. AGE (In years last birthday) <u>15-4-18</u>		10. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Laundry worker</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>William, Missouri</u>		12. CITIZENSHIP OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Estel Piper</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia Banko</u>	
14. NAME OF HUSBAND OR WIFE			
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>499-40-468</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Estel Piper, Kansas City, Mo</u>		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Spinal fracture</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Automobile accident</u> 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) <u>accident</u>	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, etc. Give block, no.) <u>Road N.E. Chariton Co. Mo</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Keytesville Jackson Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 18 1955 2:00</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>	
22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2 AM</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>B. D. Gannett</u>		23b. ADDRESS <u>Keytesville Mo</u>	
23c. DATE SIGNED <u>12-18-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12-21-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>
DATE REC'D BY LOCAL REG. <u>12/29/55</u>	REGISTRAR'S SIGNATURE <u>W. Stewart</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Jones</u>	ADDRESS <u>St. Louis Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

James E. Jones

Licensed Embalmer No. *3143*

P. O. Address *States N*

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.