

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16928**

BIRTH NO. _____ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **5644** Registrar's No. **49**

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Lexington tsp		c. LENGTH OF STAY (in this place) 4 days	c. CITY OR TOWN Lexington
d. FULL NAME OF HOSPITAL OR INSTITUTION Goodloe Rest Home		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
STREET ADDRESS (If rural, give location) Five miles West of Lexington		STREET ADDRESS (If rural, give location) 0540	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN	b. (Middle) HENRY	c. (Last) PIPER	4. DATE OF DEATH (Month) (Day) (Year) May 7 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH May 9, 1894
9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 11 Days 28	IF UNDER 24 HRS. Hours Min. 	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner
10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (City and State or Foreign Country) Napoleon, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME William Piper	13b. MOTHER'S MAIDEN NAME Julia Simmons	14. NAME OF HUSBAND OR WIFE none
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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) No	16. SOCIAL SECURITY NO. 492-14-7525	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Killen, Chicago, Illinois	ADDRESS Illinois
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis	MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH 4 mos.
ANTECEDENT CAUSES	DUE TO (b) chronic myocarditis		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	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"/>
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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. 5, 1956**, to **May 7, 1956**, that I last saw the deceased alive on **May 8, 1956**, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Bert H. Brasher M.D.	(Degree or title)	23b. ADDRESS Lexington, Mo	23c. DATE SIGNED 5-30-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 9, 1956	24c. NAME OF CEMETERY OR CREMATORY Machpelah Cemetery	24d. LOCATION (City, town, or county) (State) Lexington, Missouri

DATE REC'D BY LOCAL REG. 5-1-56	REGISTRAR'S SIGNATURE Minerva Eastabrook	25. FUNERAL DIRECTOR'S SIGNATURE Leopold	ADDRESS Lexington, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Norman Thorton

Licensed Embalmer No.
488

P. O. Address *Lexington, Va.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.