

THE DIVISION OF HEALTH OF MISSOURI
STANDARD-CERTIFICATE OF DEATHState File No. **3410**

BIRTH NO. _____		REG. DIST. NO. 340		PRIMARY REG. DIST. NO. 6152		Registrar's No. 26	
1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter, Liberty Twp.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Bernie		d. Is Residence within limits of a city 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 Sam Davis Hospital				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Sherman			b. (Middle) _____			c. (Last) Pippins	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 30, 1957			1030				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 1, 1881	
9. AGE (In years last birthday) 75		10. MONTHS 9		11. DAYS 29		12. IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Cobden, Illinois	
12. CITIZEN OF WHAT COUNTRY? U. S.							
13a. FATHER'S NAME John Pippins			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Belle Pippins (Dec'd)	
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 Loyd Pippins, Bernie, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Collapse ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral hemorrhage DUE TO (c) Atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 6 hr. 24 hr.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x					20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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) m.		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 July 1957 to Jan. 30, 1957 , that I last saw the deceased alive on 1-30, 1957 , and that death occurred at 11:45 p.m. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. Strickland				23b. ADDRESS Rt #1 Dexter Mo		23c. DATE SIGNED 2/7/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-1-57		24c. NAME OF CEMETERY OR CREMATORY Bernie		24d. LOCATION (City, town, or county) (State) Bernie, Missouri	
DATE REC'D BY LOCAL REG. 2-7-57		REGISTRAR'S SIGNATURE Velma V. Jenkins		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Strickland-Rainey Dexter, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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..... *Lucille Rainey*.....

Licensed Embalmer No. *498*.....

P. O. Address *DeWitt, N.Y.*.....

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.