S. No. 300
V. 10-46

STANDARD CERTIFICATE OF DEATH

State File No. 5233

FILED MAR 5 1957

BIRTH NO. ____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 119

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 15 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 327½ N. Schiffendecker

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
d. STREET ADDRESS (If rural, give location): 327½ N. Schiffendecker

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3. NAME OF DECEASED (Type or Print)
a. (First): CECIL
b. (Middle):
c. (Last): PIPPIN

4. DATE OF DEATH (Month) (Day) (Year): 2-24-1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-12-1897
9. AGE (In years last birthday): 59 | If under 1 year: Months, Days | If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintanience Man
10b. KIND OF BUSINESS OR INDUSTRY: Maintainence
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Henry Pippin
13b. MOTHER'S MAIDEN NAME: Arvillie Sandlin
14. NAME OF HUSBAND OR WIFE: Jennie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): 1921-1924
16. SOCIAL SECURITY NO.: 280-05-5383
17. INFORMANT'S SIGNATURE OR NAME: Jennie Pippin
ADDRESS: Joplin, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary tuberculosis — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Apoplexy with paralysis of left side of body. — 3 weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
163XA
20. AUTOPSY? YES ☐ 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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 1, 1956 *to* 2-25-1957, 19__, *that I last saw the deceased alive on* Feb. 23, 1957, *and that death occurred at* 8:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. B. Chapman
(Degree or title): M.D.
23b. ADDRESS: Joplin, Missouri
23c. DATE SIGNED: 2-26-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-27-1957
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Joplin, Missouri

DATE REC'D BY LOCAL REG.: 2-28-57
REGISTRAR'S SIGNATURE: Dovie Merriam
25. FUNERAL DIRECTOR'S SIGNATURE: Thornhill-Dillon Mortuary
ADDRESS: Joplin, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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Jasper County Health Office
County File Number 57-3-26
Date Filed MAR 4 1957

APR 2 1957

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 William E. Hendrickson

Licensed Embalmer No. 4770

P. O. Address Joplin Mo.

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.