

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8520
STATE FILE NUMBER

FILED APR 8 - 1957

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Iron			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Iron Twsp. <u>0940</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hosp.		Length of stay in lb DOA	d. STREET ADDRESS 1 1/2 mi. N of Pilot Knob		Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First BEVERLY Middle JEAN Last PIPPIN			4. DATE OF DEATH Month Apr. Day 4 Year 1957		
5. SEX fem	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 3 1955	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 4 Days 1 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) 0 Farmington Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Irwin Pippin			14. MOTHER'S MAIDEN NAME Delores McCart		
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. no	17. INFORMANT Address Irwin Pippin, Pilot Knob Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) bronchopneumonia					INTERVAL BETWEEN ONSET AND DEATH 3 da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) measles					6 da
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) C851					19. WAS AUTOPSY PERFORMED? 0 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from by investigation as registrar of Iron County Mo. Death occurred at 6.40 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Mrs Avis Jones Registrar			22b. ADDRESS Ironton, Mo.	22c. DATE SIGNED 4-5-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4-6-57	23c. NAME OF CEMETERY OR CREMATORY Nelson Cemetery	23d. LOCATION (City, town, or county) Banner Missouri		(State)
24. FUNERAL DIRECTOR ADDRESS White Funeral Home Ironton Mo.		25. DATE RECD. BY LOCAL REG. April 5, 1957	26. REGISTRAR'S SIGNATURE Mrs Avis Jones		

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

(Licensed Embalmer's Statement on Reverse Side)

APR 10 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
Signature of Student Embalmer

Signed *Buddy White*

Licensed Embalmer No. 301

P. O. Address *Trouton*

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