

FILED AUG 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24777
STATE FILE NUMBER
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3576

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL		Length of stay in lb 62 years	d. STREET ADDRESS 2112 - E - 67 TER. (If outside, give location)
3. NAME OF DECEASED (Type or print) CHARLES J PIPER		First Middle Last	4. DATE OF DEATH JULY 28 1957 Month Day Year
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 4 1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PURCHASING AGENT		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION MASSMAN COMPANY	9. AGE (In years last birthday) 62 IF UNDER 1 YEAR: Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
11a. BIRTHPLACE (City and state or country) KANSAS CITY MO		14. NAME OF HUSBAND OR WIFE NAN L. PIPER	
13a. FATHER'S NAME CHARLES J. PIPER		13b. MOTHER'S MAIDEN NAME VINEY BROWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES NAU		17. INFORMANT Mrs. NAN L. PIPER Address 2112 EAST 67TH TERR. KANSAS CITY MISSOURI	
16. SOCIAL SECURITY NO. 494-12-4169		18. CAUSE OF DEATH (Enter only one cause per person) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchogenic carcinoma lung DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 6 mos 1024	
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 <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 7/18/57 to 7/28-57 and last saw her alive on 7/28/57 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Clarke L. Henry (Degree or title)	
22b. ADDRESS Playa Park by Blvd		22c. DATE SIGNED 7/29/57	
23a. BURIAL, CREMATION, (Burial) (Specify) 7-30-57	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) (State) Lawrence, Mass.
24. FUNERAL DIRECTOR DW NEWCOMER'S SONS 1331-DRUM CREEK KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 7-30-57	26. REGISTRAR'S SIGNATURE Neva Minshall



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 *Basil V. Honey*

Licensed Embalmer No. *4724*

P. O. Address *K. C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.