

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31476

STATE FILE NUMBER

FILED SEP 30 1957

Registration District No. **128** Primary Registration District No. **2 000** Registrar's No. **931**

300
-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Galena	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR OZARK OSTEOPATHIC HOSPITAL	Length of stay in lb 2 days	d. STREET ADDRESS (If outside, give location) Rural Route # 2	Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Karen Middle Sue Last Pipes			4. DATE OF DEATH Month Sept. Day 24 Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 22, 1957	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months — Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Springfield, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Donald Eugene Pipes		13b. MOTHER'S MAIDEN NAME Claudean Davis		14. NAME OF HUSBAND OR WIFE None.	
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 Address Mrs. Donald Pipes, Crane, Missouri		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory failure		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Prematurity.		
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"/>

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 11:10 Month Sept. Day 24 Year 1957 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 **Sept. 22, 1957** to **Sept. 24, 1957** and last saw her **6:00** alive on **Sept. 24, 1957**
Death occurred at **11:10 A.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Andrew Martinich, D.O.	22b. ADDRESS 700 E. Sunshine, Springfield, Mo.	22c. DATE SIGNED 9/24/57
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23a. BURIAL, CREMATION, REMOVAL, (Specify)	23b. DATE Sept 25/57	23c. NAME OF CEMETERY OR CREMATORY Galena Pond	23d. LOCATION (City, town, or county) (State) Galena Mo 03 - 2
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24. FUNERAL DIRECTOR Eugene J. Cheatham	ADDRESS Galena, Mo.	25. DATE RECD. BY LOCAL REG. 9-26-57	26. REGISTRAR'S SIGNATURE Wm. Williamson
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

512571

STATEMENT BY LICENSED EMBALMER

nat.

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 *Everett J. Cheatham*

Licensed Embalmer No. *3870*
P. O. Address *Salina, 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.