

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008574

STATE FILE NUMBER

FILED MAR 27 1959

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 131

300
1-57

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Bollinger	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Zalma	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hosp.	Length of stay in lb 36 hrs	d. STREET ADDRESS (If outside, give location) Rural route	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First WALTER Middle ROBERT Last PIPINS	4. DATE OF DEATH Month 3 Day 15 Year 1959
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5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 4, 1907	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Denton, Texas	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Wayne H. Pipins	13b. MOTHER'S MAIDEN NAME Marietta Irvin	14. NAME OF HUSBAND OR WIFE Winema Jackson Pipin
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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. 44-6-07-2538	17. INFORMANT Arthur pipin, Zalma mo	Address
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18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 days 6 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary insuff	
	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.)
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20c. TIME OF INJURY Hour 1:13 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 Zalma	COUNTY Mo	STATE
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21. I attended the deceased from Oct. 1958 to Mar. 15, 1959 and last saw ^{him} her alive on Mar. 14, 1959 Death occurred 3:13 am on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE J. L. Kuehner M.D. (Degree or title)	22b. ADDRESS Poplar Bluff, Mo.	22c. DATE SIGNED 3/17/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-17-59	23c. NAME OF CEMETERY OR CREMATORY Berrong Cem.	23d. LOCATION (City, town, or county) (State) Zalma, Mo
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24. FUNERAL DIRECTOR Gene Ward - Lutesville, Mo	25. DATE REC'D BY LOCAL REG. 3/21/59	26. REGISTRAR'S SIGNATURE R. Muehler
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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.

RECEIVED
MAR 25 1959

CENTRAL CO. HEALTH CENTER

FILE No. _____

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 W. Kenneth Liley, Student Embalmer No. 579 working under my personal supervision.

Student W. Kenneth Liley Signed R. O. Laird
Signature of Student Embalmer

Licensed Embalmer No. 4538

P. O. Address Jacksonville, Fla.

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.