Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-013492
STATE FILE NUMBER

FILED APR 27 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1780

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Research Hospital — Length of stay in 1b 8 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Buckner 7000 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) Central — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Middle Last: Erna Esther Piepmeier

4. DATE OF DEATH Month Day Year: April 5, 1959

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Aug. 28, 1903
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Lexington, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Henry A. Williams
13b. MOTHER'S MAIDEN NAME: Ida Harker
14. NAME OF HUSBAND OR WIFE: Emil H. Piepmeier

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT Address: Emil H. Piepmeier, Buckner, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Metastatic Cancer Liver. — INTERVAL BETWEEN ONSET AND DEATH: several mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Primary Cancer left Colon, sigmoid
DUE TO (c) Resection left Colon for Cancer — 11-12-57

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1532

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) —
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year —
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 3-31-59 to 4-5-59, and last saw her/him alive on 4-4-59.
Death occurred at ~~Research Hosp, K.C. Mo~~ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Claude J Hunt M D.
22b. ADDRESS: 1612 Prof Bldg. K. C. Mo.
22c. DATE SIGNED: 4-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: April 8, 1959
23c. NAME OF CEMETERY OR CREMATORY: Machpelah Cemetery
23d. LOCATION (City, town, or county) (State): Lexington, Missouri

24. FUNERAL DIRECTOR: Hazel H. Reppert — ADDRESS: Buckner, Missouri
25. DATE RECD. BY LOCAL REG.: 4-7-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Claude J. Hunt

APR 27 1959

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 Ralph O. Jones

Licensed Embalmer No. 4604

P. O. Address Odessa, 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.