

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031164

FILED VS SEP 8 1959

Registration District No. 323 Primary Registration District No. 4473 Registrar's No. 44

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline					
b. CITY (If outside corporate limits, give TOWNSHIP only) Blackburn, Missouri		Length of stay in 1b 25 years		c. CITY OR TOWN Blackburn, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Blackburn, Missouri		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Claude Middle Piper Last Piper			4. DATE OF DEATH Month August Day 31 Year 1959						
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1876 73	9. AGE (last birthday) 73		IF UNDER 1 YEAR Months - Days - Hours - Min. -	IF UNDER 24 HR Months - Days - Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Clerk			10b. KIND OF BUSINESS OR INDUSTRY General Store		11. BIRTHPLACE (City and state or country) Marshall, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME John Piper			13b. MOTHER'S MAIDEN NAME Maggie Lewis Piper			14. NAME OF HUSBAND OR WIFE Unknown			
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. 489-28-4092		17. INFORMANT Address Mrs. Pearl Thompson, Marshall, 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) Cardio Vascular Renal Disease							INTERVAL BETWEEN ONSET AND DEATH 6 yrs		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) none									
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
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 - a.m. - p.m.		Month, Day, Year							
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 1949 to Aug. 31, 1959 and last saw him alive on Aug. 30, 1959				Death occurred at 11:45 a :m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) George A. Kelling MD				22b. ADDRESS Waverly, Missouri			22c. DATE SIGNED 9/1/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/3/59	23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		23d. LOCATION (City, town, or county) Marshall, Missouri				
24. FUNERAL DIRECTOR George H. Green, Marshall, Mo.				25. DATE RECD. BY LOCAL REG. Sept. 3, 1959		26. REGISTRAR'S SIGNATURE Mary Manley			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under ~~my~~ personal supervision.

Student _____
Signature of Student Embalmer

Signed _____
Licensed Embalmer No. 4220

P. O. Address _____
Rushell

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