

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031556

FILED VS SEP 21 1959 042

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STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Clinton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 24 hrs.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last John D. Pipes		4. DATE OF DEATH Month Day Year Sept. 11, 1959	
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 5/11/94
9. AGE (last birthday) 65		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) Clinton Co. Mo.		12. CITIZEN OF WHAT COUNTRY USA.	
13a. FATHER'S NAME Obie Pipes		13b. MOTHER'S MAIDEN NAME Ida Metzger	
14. NAME OF HUSBAND OR WIFE Ferol Pipes		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. 497-40-6201		17. INFORMANT J.D. Pipes	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTRACEREBELLAR HEMORRHAGE LEFT HEMISPHERE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 24 HRS	
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 checked="" 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.) FELL FROM PORCH ROOF ONTO CONCRETE	
20c. TIME OF INJURY Hour Month, Day, Year 1 p.m. 9-10-59		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) ABOUT HOME		20f. CITY, TOWN, OR LOCATION COUNTY STATE ST. JOSEPH Buett. MO	
21. I attended the deceased from 9-10-59 to 9-11-59 and last saw him alive on 9/11/59 Death occurred at 6:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Dee or title) J.T. Rogers, M.D.		22b. ADDRESS 307 Kings Park Bldg. St. Joseph Mo.	
22c. DATE SIGNED 9/15/59		23a. SIGNATURE Mrs. Clark Goodell	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 13, 59	23c. NAME OF CEMETERY OR CREMATORY Allen Cemetery	23d. LOCATION (City, town, or county) Gower Mo.
24. FUNERAL DIRECTOR John H. Murray		ADDRESS Gower, Mo.	
25. DATE RECD. BY LOCAL REG. Sept. 18, 1959		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	

DOCUMENT

BY AFFIDAVIT OF

J.T. Rogers, M.D. MEDICAL CERTIFICATION

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 Me _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John H. Murray

Licensed Embalmer No. 2893

P. O. Address Gower M

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.