RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 2 9 1959

59-032927
STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3644 Registrar's No. 80

DED

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington — Length of stay in 1b Longer
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 miles West of Lexington — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lafayette
c. CITY OR TOWN Lexington — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 5 miles West of Lexington — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Arthur Middle Alvin Last Piper
4. DATE OF DEATH Month Sept. Day 1, Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH June 8, 1881
9. AGE (last birthday) 78 — 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) Coal Mine Operator + owner
10b. KIND OF BUSINESS OR INDUSTRY Coal Mining
11. BIRTHPLACE (City and state or country) Napoleon, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Piper
13b. MOTHER'S MAIDEN NAME Sythia Perrine
14. NAME OF HUSBAND OR WIFE Maude Steen
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. 497-36-7193
17. INFORMANT Mrs. Maude Piper, Address Lexington, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thrombosis, cerebral hemorrhage sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis. myocardial isc — INTERVAL BETWEEN ONSET AND DEATH 5 yrs.
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. ☐ Yes ☐ No ☐ Unknown

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 1955, to 9/1/59 and last saw her/him alive on 1 Sept. 1959
Death occurred at 6:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ben H Brasher MD
22b. ADDRESS Lexington, Mo.
22c. DATE SIGNED 9/9/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept. 3, 1959
23c. NAME OF CEMETERY OR CREMATORY Mackpelah
23d. LOCATION (City, town, or county) (State) Lexington, Missouri

24. FUNERAL DIRECTOR ADDRESS Forrest F. Tempel, Lexington, Mo
25. DATE RECD. BY LOCAL REG. 9-16-59
26. REGISTRAR'S SIGNATURE Maurice E. Eastbrooks

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Geo. McLean

Signature of Student Embalmer

Licensed Embalmer No. 298

P. O. Address Lebanon N

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