

MISSOURI DIVISION - STANDARD CERTIFICATE OF DEATH

-61-044291

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

J. Williams

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1206

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b 50 YRS.	c. CITY OR TOWN SPRINGFIELD	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA BAPTIST HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 1422 E. ELM	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				

3. NAME OF DECEASED (Type or print) First J. Middle CHRIS Last PIPKIN			4. DATE OF DEATH Month DEC. Day 22 Year 1961				
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 7/17/03	9. AGE (last birthday) 58	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) AUDITOR		10b. KIND OF BUSINESS OR INDUSTRY STATE HIGHWAY DEPT.		11. BIRTHPLACE (City and state or country) MARSHFIELD, MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JOHN L. PIPKIN			13b. MOTHER'S MAIDEN NAME HARRIETT WALLACE		14. NAME OF HUSBAND OR WIFE ELIZABETH PIPKIN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO			17. INFORMANT Address ELIZABETH PIPKIN, SPRINGFIELD, 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 DUE TO (b) Arteriosclerosis - generalized DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
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 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 12-19-59 to Dec 22, 61 and last saw him alive on 10-14-61
 Death occurred at 12 NOON m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John Williams M.D.		22b. ADDRESS Springfield Mo		22c. DATE SIGNED 12/26/61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12/26/61	23c. NAME OF CEMETERY OR CREMATORY MARSHFIELD CEMETERY		23d. LOCATION (City, town, or county) (State) MARSHFIELD, MO.

24. FUNERAL DIRECTOR ADDRESS H.H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG. 12-27-61	26. REGISTRAR'S SIGNATURE Effie E. Meelan	
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

JAN 2 1962

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 *H. L. McCann*

Licensed Embalmer No. 2707

P. O. Address *[Handwritten Address]*

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.