

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043345

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 156

FILED NOV 20 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford Township		Length of stay in 1b		c. CITY OR TOWN Old Monroe	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln County Mem. Hosp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD - 5 miles west of Old Monroe, Missouri	
3. NAME OF DECEASED (Type or print) First GRACE Middle MARIE Last PIEPER			4. DATE OF DEATH Month November Day 8 Year 1962		
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/10/22	9. AGE (last birthday) 40	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) invalid from birth		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) RFD Old Monroe, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Frank C. Pieper		13b. MOTHER'S MAIDEN NAME Mary Bals	
14. NAME OF HUSBAND OR WIFE -----		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. none	
17. INFORMANT Madeline Wilke		Address Old Monroe, 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) ACUTE + CHRONIC PYLEONEPHRITIS					INTERVAL BETWEEN ONSET AND DEATH UNK.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) INFECTING ORGANISM (BACILLUS PYOCYANEUS)					
DUE TO (c) POSSIBLE CONGENITAL RENAL DISEASE					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CEREBRAL PALSY - TOTALLY BEDFAST - MANY YEARS					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		STATE
21. I attended the deceased from Oct 25, 1962 to Nov 8, 1962 and last saw her alive on Nov 8, 1962 Death occurred at 3:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Paul T Berry md. (Degree or title)			22b. ADDRESS 1109 Mo		22c. DATE SIGNED 11/11/62
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE November 10, 1962	23c. NAME OF CEMETERY Immac. Conc. Cath.		23d. LOCATION (City, town, or county) Old Monroe, Missouri	
24. FUNERAL DIRECTOR Ricks Funeral Home ADDRESS Elsberry, Mo.			25. DATE RECD. BY LOCAL REG. 11-12-1962	26. REGISTRAR'S SIGNATURE Charlotte Leek	

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,

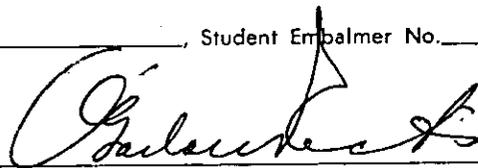
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 4012

P. O. Address Elcherry, 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.