

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18635**

FILED JUL 8 1948

Registration District No. **27**

Primary Registration District No. **3005**

Registrar's No. **37**

1. PLACE OF DEATH:
(a) County **Bates**
(b) City or town **Butler**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
700 W. Dakota st.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Bates**
(c) City or town **Butler**
(If outside city or town limits, write "RURAL")
(d) Street No. **700 W. Dakota St.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Julia Pippin**
3. (b) If veteran, _____ **3. (c) Social Security** _____
name war _____ No. _____
4. Sex **F** **5. Color or** _____ **6. (a) Single, widowed, married,**
race **W** divorced **W**
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if**
Levi Pippin alive _____ years
7. Birth date of deceased **January 5 1863**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **MAY** day **16TH**
year **1948** hour _____ minute _____ P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on **Dead on arrival**, 19____;
and that death occurred on the date and hour stated above. Duration _____
Immediate cause of death **Coronary Occlusion**

8. AGE: Years Months Days If less than one day
85 4 11 _____ hr. _____ min.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace **Hickory Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER
12. Name **Wisdom** _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
Major findings:
Of operations _____
Of autopsy _____

16. (a) Informant **Ray Pippin**
(b) Address **Butler, Missouri**

17. (a) **Burial** **(b) Date thereof** **5-19-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oakhill Cemetery**

18. (a) Signature of funeral director **Booth Funeral Home**
(b) Address **Butler, Mo.**

19. (a) **5-19-48** **(b)** **N. Perry**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury **3**
23. Signature **John G. Underwood** **Coroner**
Butler Mo **5-18-48**
Address _____ Date signed _____

RECEIVED

District Health Officer No.

District File Number 64075

Date Filed 2-2-48

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.....

Robert G. Steinbeck

Registered Apprentice No. 200

working under my personal supervision.

Signed

John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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 this body is not embalmed, fact should be so stated above.