

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

1867

State File No. 229

FILED JAN 22 1953

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>229</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
a. COUNTY JASPER		a. STATE MISSOURI		b. COUNTY JASPER				
b. CITY OR TOWN JOPLIN		c. LENGTH OF STAY (in this place) 8 HOURS		c. CITY OR TOWN JOPLIN		<u>0495</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL				d. STREET ADDRESS (If rural, give location) 2728 JOPLIN STREET				
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
a. (First) GRACE	b. (Middle) E.	c. (Last) PIPKIN	Month JANUARY	Day 12	Year 1952			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED <u>2</u>	8. DATE OF BIRTH SEPT. 27 1892		9. AGE (in years last birthday) 60	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (City and State or Foreign Country) STELLA MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME WILLIAM A. EDMONDSON		13b. MOTHER'S MAIDEN NAME TAMINTHA GOSSETT		14. NAME OF HUSBAND OR WIFE JOHN W. PIPKIN				
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. UNK	17. INFORMANT'S SIGNATURE OR NAME DR. JOHN EDMONDSON					ADDRESS JOPLIN, MISSOURI
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 8 hrs.	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>							
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Feb.</u> , 1952, to <u>Jan.</u> , 1953, that I last saw the deceased alive on <u>Jan. 11, 1953</u> , and that death occurred at <u>3:15 P.M.</u> from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Ronald Duethe M.D.				23b. ADDRESS 607 Frisco Bldg., Joplin		23c. DATE SIGNED 1-13-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-14-53	24c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL CEM.		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI			
DATE REC'D BY LOCAL REG. 1-16-53		REGISTRAR'S SIGNATURE Ed. O. James		25. FUNERAL DIRECTOR'S SIGNATURE Steve Parker		ADDRESS MORTUARY JOPLIN, MO.		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 1-19-53
Jasper County Health Office

County File Number 53/1/66
Date Filed 1-20-53

JAN 26 1953

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
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.