

FILED APR 6 1953

## STANDARD CERTIFICATE OF DEATH

State File No. 10336

BIRTH NO. _____		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 3029		Registrar's No. 28	
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) Crystal City		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Crystal City		0501	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 218 Broadway			
3. NAME OF DECEASED (Type or Print) Thomas		a. (First)		b. (Middle) T.		c. (Last) Pipkin	
4. DATE OF DEATH Mar. 20, 1953		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 3, 1876		9. AGE (In years last birthday) 76 5/17		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glass Worker (Retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) St. Francis County, Mo				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME George Pipkin		13b. MOTHER'S MAIDEN NAME Jane Casteel		14. NAME OF HUSBAND OR WIFE Daisy A. Johnston			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No nil		16. SOCIAL SECURITY NO. 489-03-4750		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Howard Pipkin, 218 Broadway Crystal City, Mo			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Generalized arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) 331X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from 2/11/53, 1953, to 2/19, 1953, that I last saw the deceased alive on 2/19, 1953, and that death occurred at 12:15 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Lentala Bolgar, M.D.				23b. ADDRESS Festus, Mo		23c. DATE SIGNED 2/21/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 22, 1953		24c. NAME OF CEMETERY OR CREMATORY Methodist		24d. LOCATION (City, town, or county) (State) Festus, Mo.	
DATE REC'D BY LOCAL REG. 3-21-53		REGISTRAR'S SIGNATURE Gentry R. Palitto		25. FUNERAL DIRECTOR'S SIGNATURE W. W. W. W.		ADDRESS Festus Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED APR 2 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *James Commaford*.....

Licensed Embalmer No. *4744*.....

P. O. Address *Capital City, 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.