

FILED APR 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10688

BIRTH NO. _____		REG. DIST. NO. <u>226</u>		PRIMARY REG. DIST. NO. <u>4338</u>		Registrar's No. <u>14</u>			
1. PLACE OF DEATH a. COUNTY <u>Monroe</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>					
b. CITY OR TOWN <u>Monroe City</u>		c. LENGTH OF STAY (In this place) <u>37 yrs</u>		c. CITY OR TOWN <u>Monroe City</u>		d. STREET ADDRESS <u>118 COURT</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>118 COURT</u>				d. STREET ADDRESS (If rural, give location) <u>118 COURT</u>					
3. NAME OF DECEASED a. (First) <u>WALTER</u> (Type or Print)			b. (Middle) <u>Douglas</u>		c. (Last) <u>PIPKIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 1 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEBRUARY-1-1877</u>		9. AGE (In years last birthday) <u>76</u> if UNDER 1 YEAR <u>2</u> Days if UNDER 1 Mo. <u>2</u> Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DOCTOR, MD.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>PHYSICIAN</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Green County Missouri</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>SAMUEL J. PIPKIN</u>			13b. MOTHER'S MAIDEN NAME <u>CHARLOTTE BAND</u>			14. NAME OF HUSBAND OR WIFE <u>Lois PIPKIN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lois Ann Pipkin</u> ADDRESS <u>Monroe City, Mo.</u>				
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) <u>CORONARY OCCLUSION</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last.</u> DUE TO (b) <u>OLD CORONARY OCCLUSION</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>4201</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 HOURS</u> <u>8 YEARS</u>	
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) _____					
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 <u>JAN 3</u> , 19 <u>53</u> , to <u>APR 1</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>APR 1</u> , 19 <u>53</u> , and that death occurred at <u>7:30 P. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>John H. Tuttle</u>			23b. ADDRESS <u>Monroe City, Mo.</u>			23c. DATE SIGNED <u>4/3/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 3-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Junes Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe City, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>4-6-53</u>		REGISTRAR'S SIGNATURE <u>John Robertson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON & SON</u> ADDRESS <u>Monroe City, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lester L. Wilson

Licensed Embalmer No. 3014

P. O. Address Memphis City, Tenn

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.