

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **110**

FILED FEB 10 1954

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Adrian	
c. LENGTH OF STAY (in this place) 1 Hr.		d. STREET ADDRESS (If rural, give location) D	
d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Blair c. (Last) Pipes			4. DATE OF DEATH (Month) (Day) (Year) Jan. 31, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 4, 1894		9. AGE (In years last birthday) 59		10. IF UNDER 1 YEAR (Specify) 2 Months 27 Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Carney Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Alonzo Logan Pipes		13b. MOTHER'S MAIDEN NAME Beatrice Sheppard		14. NAME OF HUSBAND OR WIFE Hallie G. Pipes	
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. 486-26-7707		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Hallie G. Pipes, Adrian 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			INTERVAL BETWEEN ONSET AND DEATH 2 Hours
		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)			
		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			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) (Min)		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 Jan. 30, 1954, to Jan. 31, 1954, that I last saw the deceased alive on Jan. 31, 1954, and that death occurred at 12:50 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carlton Robinson M.D.		23b. ADDRESS Adrian Mo.		23c. DATE SIGNED Feb. 1, 54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-2-54		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	
				24d. LOCATION (City, town, or county) (State) Butler Missouri	

DATE REC'D BY LOCAL REG. Feb. 1 - 1954		REGISTRAR'S SIGNATURE Hendell K. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Funeral Service, Adrian Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48
0071

FORM 6 8-1938

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 _____

Licensed Embalmer No. 3650

P. O. Address Adrian 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.