

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39453**

BIRTH NO. _____ REG. DIST. NO. **356** PRIMARY REG. DIST. NO. **6209** Registrar's No. **42**

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

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY TEXAS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HOUSTON, IND. 2nd 19mas.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CABOOL	
d. FULL NAME OF HOSPITAL OR INSTITUTION HART BEST HOME		d. STREET ADDRESS (If rural, give location) 1070	

3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) T. c. (Last) PIPPEN			4. DATE OF DEATH (Month) (Day) (Year) 11-17-55			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 2-18-1880	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 1 MRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME MICHEL PIPPEN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME Paul Pippen	ADDRESS Cabool, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hypertensive pneumonia		INTERVAL BETWEEN ONSET AND DEATH 18 mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4500			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Oct 1, 1955**, to **Nov 17, 1955**, that I last saw the deceased alive on **Nov 17, 1955**, and that death occurred at **6:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jacobs B. Kelly MD	23b. ADDRESS Houston Mo.	23c. DATE SIGNED 11-19-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-20-55	24c. NAME OF CEMETERY OR CREMATORY CABOOL CEM.	24d. LOCATION (City, town, or county) (State) CABOOL MO.
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DATE REC'D BY LOCAL REG. Nov 30-55	REGISTRAR'S SIGNATURE Myrtle Craig-327-0	25. FUNERAL DIRECTOR'S SIGNATURE Elliott - Dentz	ADDRESS Cabool, Mo.
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

James L Gentry

Licensed Embalmer No. *47187*

P. O. Address *Cabool, 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.