

FILED MAR 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10176

State File No.

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 4424 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Humansville</u>		c. LENGTH OF STAY (in this place) <u>23 yrs.</u>	c. CITY OR TOWN <u>Humansville</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Humansville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0840</u>	

3. NAME OF DECEASED a. (First) <u>Harlin</u> b. (Middle) <u>Walter</u> c. (Last) <u>Piper</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>19</u> <u>56</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 22, 1905</u>	9. AGE (in years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wall Driller</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> <u>Hermitage, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Edward Piper</u>		13b. MOTHER'S MAIDEN NAME <u>Mina Fox</u>	
14. NAME OF HUSBAND OR WIFE <u>Ethel</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	

17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ethel Piper, Humansville, Mo.</u>		ADDRESS <u>Humansville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Acute & Chronic Coronary Arteriosclerosis</u>			
DUE TO (c) <u>Paroxysmal Tachycardia</u>		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) <u>4201</u>	
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?	

22. I hereby certify that I attended the deceased from April 19, 1956 to March 19, 1956, that I last saw the deceased alive on March 14, 1956, and that death occurred at 3:15 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Print name or title) <u>Walter Piper, M.D.</u>		23b. ADDRESS <u>Humansville Mo.</u>		23c. DATE SIGNED <u>3/20/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/21/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Humansville Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Humansville, Mo.</u>		24e. DATE REC'D BY LOCAL REG. <u>3-23-1956</u>		24f. REGISTRAR'S SIGNATURE <u>Ralph Gordon per Jewell Gordon</u>	

25. FUNERAL DIRECTOR'S SIGNATURE <u>Backwith Funeral Home, Humansville, Mo.</u>		ADDRESS <u>Humansville, Mo.</u>	
------------------------------------------------------------------------------------	--	------------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *C. H. Beckwith*.....

Licensed Embalmer No. *39*.....

P. O. Address *Hennepin*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.