

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31240

State File No.

FILED SEP 26 1956

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) Lexington	c. LENGTH OF STAY (In this place) 2 weeks	c. CITY OR TOWN Lexington	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 Lexington Memorial Hospital		STREET ADDRESS (If rural, give location) 1401 Lafayette St.	

3. NAME OF DECEASED (Type or Print) a. (First) IDA b. (Middle) K. c. (Last) PIEPER	4. DATE OF DEATH (Month) (Day) (Year) Sept. 11 1956
--	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 10, 1884	9. AGE (In years last birthday) Months Days 71 7 1	IF UNDER 1 YEAR Months Days 7 1	IF UNDER 24 HRS. Hours Min. 1
----------------------	-------------------------------	--	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	--	---

13a. FATHER'S NAME Karl Wuttke	13b. MOTHER'S MAIDEN NAME Amelia Spaniol	14. NAME OF HUSBAND OR WIFE Henry Pieper
--	--	--

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. me	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arnold Pieper Lexington, Missouri
---	--------------------------------------	---

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Poss. year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease with congestive failure.	ANTECEDENT CAUSES DUE TO (b) 420.0 H	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus. Hypertension. Ca. of breast with metastasis-		

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) 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 July, 1954, to Sept 11, 1956, that I last saw the deceased alive on Sept. 11, 1956, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Joe W. Ward</i>	(Degree or title) C.	23b. ADDRESS Lexington, Mo.	23c. DATE SIGNED 9/14/56
--------------------------------------	-----------------------------	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/13/56	24c. NAME OF CEMETERY OR CREMATORY Richmond	24d. LOCATION (City, town, or county) (State) Richmond, Missouri
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. 9-22-56	REGISTRAR'S SIGNATURE <i>Wm. E. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Guest ... Lexington, Mo</i>
--	--	--

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

156 0

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 *Norman W. Trueman*.....

Licensed Embalmer No....*4889*

P. O. Address *Leighton, 7*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.