

Final 6-1-57

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5412

FILED MAR 11 1957

Registrar's No. 38

BIRTH NO. _____		REG. DIST. NO. 179		PRIMARY REG. DIST. NO. 5767		State File No. 5412				
1. PLACE OF DEATH a. COUNTY Troy Mo Lincoln County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) b. STATE of Fallon Mo				b. COUNTY ST Charles		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Fallon Mo		c. LENGTH OF STAY (in this place) 6 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN O'Fallon Mo 0720						
d. FULL NAME OF HOSPITAL OR INSTITUTION Lincoln Co, Hospital				d. STREET ADDRESS (If rural, give location)						
3. NAME OF DECEASED (Type or Print) a. (First) Matilda			b. (Middle)			c. (Last) Pieper				
4. DATE OF DEATH (Month) (Day) (Year) February 24 / 57		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Feb. 28 / 1868		
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months 11 Days 24		IF UNDER 24 HOURS		IF UNDER 60 MIN.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY House Work			11. BIRTHPLACE (State or foreign country) St Charles Co, Mo 0			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Mispagle			13b. MOTHER'S MAIDEN NAME Louise Mispagle			14. NAME OF HUSBAND OR WIFE My Pieper deceased				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Albertine Souttee			ADDRESS O'Fallon Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hemorrhagic diathesis</i> DUE TO (c) <i>Toxicity &amp; Senility</i>								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Nephroses</i>										
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) 290X						
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 9, 1957, to Feb 24, 1957, that I last saw the deceased alive on Feb 24, 1957, and that death occurred at 6:45 p.m., from the causes and on the date stated above.										
23a. SIGNATURE H. A. Mangon (Degree or title) D.O.				23b. ADDRESS O'Fallon Mo				23c. DATE SIGNED 2-27-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-27-57		24c. NAME OF CEMETERY OR CREMATORY Assumption Church		24d. LOCATION (City, town, or county) (State) O'Fallon Mo				
DATE REC'D BY LOCAL REG. 3-9-1957		REGISTRAR'S SIGNATURE Emma R. Piddle			25. FUNERAL DIRECTOR'S SIGNATURE M. Marshay Wentzville			ADDRESS		

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

162-8

MAR 21 1958

**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 *M. M. Murchard*

Licensed Embalmer No. *2761*

P. O. Address *Wentzville 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.