

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-036903

STATE FILE NUMBER

Registral's No. 318

FILED VS OCT 16 1959

Registration District No. 209

Primary Registration District No. 3043

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		c. CITY OR TOWN Kinderhook Ill	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hosp.		d. STREET ADDRESS (If outside, give location) 812 2^d St	
Length of stay in lb 3 wks		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED Type or print) First Middle Last Mrs. Gertude Piper			4. DATE OF DEATH Month Day Year 10/12/59		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 17, 1878	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS
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10. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Barry Twsh. O U. S	12. CITIZEN OF WHAT COUNTRY? U. S
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13. FATHER'S NAME Albert Hart		13b. MOTHER'S MAIDEN NAME Louise Cochrane	14. NAME OF HUSBAND OR WIFE Robert Piper
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15. HAS DECEASED EVER IN U. S. ARMED FORCES? (no, or unknown) (If yes, give war or dates of service) n xxxxxxx	16. SOCIAL SECURITY NO.	17. INFORMANT Address Alice Neetrick
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 wks.
DUE TO (b) Generalized arteriosclerosis		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rheumatoid arthritis		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20f. CITY, TOWN, OR LOCATION Kinderhook Ill	COUNTY Ill	STATE
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
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1. I attended the deceased from **9/21/59** to **10/11/59** and last saw her/him alive on **10/11/59**
Death occurred at **11:30 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

2a. SIGNATURE Roller (Degree or title) Roller M.D.	22b. ADDRESS Hannibal, Missouri	22c. DATE SIGNED 14 Oct 1959
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE 10/15/59	23c. NAME OF CEMETERY OR CREMATORY Kinderhook Ill	23d. LOCATION (City, town, or county) Kinderhook Ill
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MUNICIPAL DIRECTOR Thos N. Lock	ADDRESS Barry	25. DATE RECD. BY LOCAL REG. 10-14-59	26. REGISTRAR'S SIGNATURE Dr. Em. Lucke By M. J. Fisher
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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 xxx..... Thos. N. Lock....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

ee' L.

Signed

Thos. N. Lock

Licensed Embalmer 6982.....

P. O. Address... Barry... Ill

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.