

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-028178

STATE FILE NUMBER

Registration District No. 282 Primary Registration District No. _____ Registrar's No. 80

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0840
20840

3

4 0

5 1

6

7 0

8 2

9420.1

10

11

1290-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY <u>Polk</u> | | a. STATE <u>Missouri</u> COUNTY <u>Polk</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Flemington Township</u> | | c. CITY OR TOWN <u>Flemington</u> | |
| Length of stay in 1b <u>all life</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 1/2 mis. S.W. Flemington</u> | | d. STREET ADDRESS (If outside, give location) <u>Rt. #1 Flemington</u> | |
| Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Willard Irwin Piper</u> | | | 4. DATE OF DEATH Month Day Year <u>7 25 1962</u> |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>Wh</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>10/1/1906</u> |
| 9. AGE (last birthday) <u>55</u> | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Polk County, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Isaac W. Piper</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ruby D. McBride</u> | 14. NAME OF HUSBAND OR WIFE <u>Eva</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 Address <u>Mrs. Eva Piper, Flemington, Mo.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Coronary artery thrombosis</u> | | | <u>?</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | |
| DUE TO (b) | | | |
| DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 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.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | | |
| 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.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ | | | |
| Death occurred at <u>8:30</u> P. _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>R H Robinson</u> (Degree or title) <u>M D</u> | | 22b. ADDRESS <u>Humansville, Mo.</u> | 22c. DATE SIGNED <u>7/24/62</u> (State) |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>7/28/1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Flemington Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Flemington, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Beckwith Funeral Home, Humansville, Mo.</u> ADDRESS | | 25. DATE RECD. BY LOCAL REG. <u>July 28, 1962</u> | 26. REGISTRAR'S SIGNATURE <u>Ralph Gordon per Jewell Gordon</u> |

USE BLACK INK OR TYPEWRITER RIBBON

AUG 8 1962

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 O. H. Beckwith

Licensed Embalmer No. 3937

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