

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-017019

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 62

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 14 1963

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Perryville</b>		Length of stay in lb <b>Life</b>	c. CITY OR TOWN <b>Perryville</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Perry Co. Mem. Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>336 E. South</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>G.</b> Last <b>Dippold</b>			4. DATE OF DEATH Month <b>5</b> Day <b>7</b> Year <b>63</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-3-83</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>80</b>
13a. FATHER'S NAME <b>Frederick Dippold</b>		13b. MOTHER'S MAIDEN NAME <b>Sophia Kropp</b>	IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	11. BIRTHPLACE (City and state or country) <b>Perry Co., Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Vascular Accidents</b>		12. CITIZEN OF WHAT-COUNTRY <b>U.S.A.</b>	
DUE TO (b) <b>Systolic Hypertension</b>		14. NAME OF HUSBAND OR WIFE	
DUE TO (c) <b>Sepsis</b>		17. INFORMANT <b>Herbert Sandler, Perryville, Rte. 4</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs.</b>	
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"/>	
20c. TIME OF INJURY Hour a.m. p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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 <b>4/21/63</b> to <b>5/7/63</b> and last saw <sup>her</sup> him alive on <b>5/9/63</b> Death occurred at <b>6:33</b> <sup>o</sup> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Chas W. Gething D.O.</b>		22b. ADDRESS <b>Perryville Mo</b>	
22c. DATE SIGNED <b>5/9/63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5-9-63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Immanuel Lutheran Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Perryville, Mo.</b>	
24. FUNERAL DIRECTOR <b>Young &amp; Sons Perryville Mo</b>		25. DATE RECD. BY LOCAL REG. <b>5-8-63</b>	
26. REGISTRAR'S SIGNATURE <b>Jose J. Zellner</b>			

(Licensed Embalmer's Statement on Reverse Side)

NOV 13 1968

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 Wallace Jang

Licensed Embalmer No. 4022

P. O. Address Perryville, 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.