

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34331

State File No.

621
1

FILED OCT 23 1951

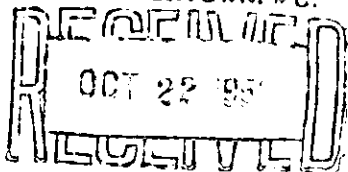
BIRTH NO. 124 REG. DIST. NO. 806 PRIMARY REG. DIST. NO. 2042 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FREDERICKTOWN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FREDERICKTOWN 0621</u>	
c. LENGTH OF STAY (In this place) <u>3 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>509 E. MARVIN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>509 E. MARVIN</u>			
3. NAME OF DECEASED a. (First) <u>MARTHA</u>		b. (Middle) <u>PIPPIN</u>	
c. (Last) <u>PIPPIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 29, 1951</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>FEB. 21, 1866</u>
9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>8</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>MADISON COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES KING</u>		13b. MOTHER'S MAIDEN NAME <u>Laurane Williams</u>	
14. NAME OF HUSBAND OR WIFE <u>James B. Pippin (Deceased)</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wm. Pippin - Fredericktown, Mo.</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Mitral insufficiency acute cardiac failure</u>			
2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>following attack of Renal Arterio</u> DUE TO (c) <u>Colic, severe!</u>			
3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>602X</u>	
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) <u>Fredericktown, MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>year 1897</u> to <u>Sept 29, 1951</u> , that I last saw the deceased alive on <u>Sept 29, 1951</u> , and that death occurred at <u>2:20 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. C. Clougherty M.D.</u>		23b. ADDRESS <u>Fredericktown, Mo.</u>	
23c. DATE SIGNED <u>10/11/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct. 11, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Ebenzer cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>10-16-1951</u>		REGISTRAR'S SIGNATURE <u>Florence Hicks #87</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>WEBB-ADAMSON</u>		ADDRESS <u>Fredericktown, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
#13b attended by aff. of grandson and marriage records of decedent's mother 10-17-11 mjd

MADISON COUNTY COLLEGE
FREDERICKTOWN, N.C.



FILE No. 1051-53

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 Malvin Miller

Licensed Embalmer No. 4407

P. O. Address Fredricktown, 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.