

No. 300  
10.48

FILED MAR 16 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12909

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4468 Registrar's No. 19

1. PLACE OF DEATH  
 a. COUNTY ST. GENEVIEVE  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST MARY  
 c. LENGTH OF STAY (in this place) 10 yrs  
 d. FULL NAME OF HOSPITAL OR INSTITUTION ST MARY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE MISSOURI b. COUNTY ST. GENEVIEVE MO  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST MARY 0950  
 d. STREET ADDRESS (If rural, give location) 8

3. NAME OF DECEASED  
 (Type or Print) a. (First) EFFIE b. (Middle) OCTAVIA c. (Last) PIRTLE

4. DATE OF DEATH (Month) (Day) (Year)  
MARCH 4 1953

5. SEX  
FEMALE

6. COLOR OR RACE  
WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
WIDOWED

8. DATE OF BIRTH  
OCT 26 1886

9. AGE (In years last birthday) 66  
 IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_  
 IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
AT HOME

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
DOB RUN MO

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13a. FATHER'S NAME  
WILLIAM THURMAN

13b. MOTHER'S MAIDEN NAME  
ALICE BURCH

14. NAME OF HUSBAND OR WIFE  
NEAL CLARE PIPTLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
NO

16. SOCIAL SECURITY NO.  
NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
MILTON PIPTLE CENTERLINE STATION 111

18. CAUSE OF DEATH  
 Enter only one cause per line for (a), (b), and (c)  
 \*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinomatosis  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Primary lesion unknown  
 DUE TO (c)  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.  
Acute Heart failure

INTERVAL BETWEEN ONSET AND DEATH  
unknown  
1991

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
metastatic carcinoma throughout abdomen

20. AUTOPSY?  
 YES  NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1952, to March 4, 1953, that I last saw the deceased alive on Mar 4, 1953, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
Joseph F Lukkwitte M.D.

23b. ADDRESS  
St Marys Mo

23c. DATE SIGNED  
Mar 6 53

24a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24b. DATE  
MAR. 7 1953

24c. NAME OF CEMETERY OR CREMATORY  
CITY CEMETERY

24d. LOCATION (City, town, or county) (State)  
ST. GENEVIEVE MO

DATE REC'D BY LOCAL REG.  
Mar. 7, 1953

REGISTRAR'S SIGNATURE  
Quill Barber 4815

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Sec. Burial St. Genevieve Mo

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

MAR 17 1963

**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 Adrian J. Ehler

Licensed Embalmer No. 4740

P. O. Address St. Genevieve

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.