

JAN 15 1940

JAN 19 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

43529  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Howell Registration District No. 384  
(b) Township..... Primary Registration District No. 4327 Registered No.....  
(c) City West Plains (d) Street No. Christa Hogan Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

163 Robert L. Sifford  
(a) Residence, No. St.  Rt. 3, Alton, Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clessie Sifford  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1895  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
44 7 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Co., Mo.

13. NAME John A. Sheborne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Lou Sifford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Bertha Bell (ADDRESS) Alton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hickory Com. Alton, Mo. DATE 12/24 1939

19. FUNERAL DIRECTOR (NAME) Robertson's (ADDRESS) West Plains, Mo.

20. FILED 12-24 1939 Vida W SIMONS Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22 1939, to Dec. 23 1939  
I last saw him alive on Dec. 23 1939 Death is said to have occurred on the date stated above, at 3:45 P.M.  
The principal cause of death and related causes of importance were as follows:

Brain injury

Other contributory causes of importance:  
Fractured skull

Name of operation None Date of.....  
What test confirmed diagnosis? Examination Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? accident Date of injury 12/22 1939  
Where did injury occur? Oregon Co., Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Highway #80

Manner of injury Auto left road, rolling over  
Nature of injury Brain injury

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify.....  
(Signed) [Signature] M. D.  
(Address) West Plains, Mo.

FEB 23 1945

**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 \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

**RECEIVED**

District Health Officer No. 5,

District File Number 14036

Date Filed 11040

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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, above space should be left blank.**