

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37779

BIRTH NO. _____		REG. DIST. NO. 8		PRIMARY REG. DIST. NO. 4021		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY <b>AUTRAIN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>MISSOURI</b> b. COUNTY <b>AUTRAIN</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>LADDONIA</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>LADDONIA</b>		<b>RD 40</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RESIDENCE LADDONIA, MO.</b>				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>HEERMAN</b>		b. (Middle) <b>GRANT</b>		c. (Last) <b>SIPPLE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2-27-1950</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		9. AGE (in years last birthday) <b>84</b> IF UNDER 1 YEAR Months <b>8</b> Days <b>17</b> IF UNDER 1 HR. Hours <b>17</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INSURANCE &amp; REAL ESTATE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SAME</b>		11. BIRTHPLACE (State or foreign country) <b>TUSCOLA, ILL.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S</b>	
13a. FATHER'S NAME <b>Wm H. SIPPLE</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZEBATH MEDLAY</b>		14. NAME OF HUSBAND OR WIFE <b>MARY SIPPLE</b>			
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. <b>NO</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. MARY SIPPLE LADDONIA, MO</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Apoplexy</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Arteriosclerosis chronic</b>  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <b>5 Days</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION				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)			
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 <b>Feb 15, 1950</b> , to <b>Feb 27, 1950</b> , that I last saw the deceased alive on <b>2-27, 1950</b> , and that death occurred at <b>7:30 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>W.B. McCall M.D.</b>				23b. ADDRESS <b>Laddonia, Mo</b>		23c. DATE SIGNED <b>2-28-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3-1-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LADDONIA, CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>LADDONIA, MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>2-28</b>		REGISTRAR'S SIGNATURE <b>Martha Kerner</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wilbur Bienhoff</b>			

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

RECEIVED MAR 7  
District Health Office  
District File Number 23  
Date Filed MAR 7 1

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 John A. Ellis  
Licensed Embalmer No. 4613  
P. O. Address Perry, 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.