

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37086

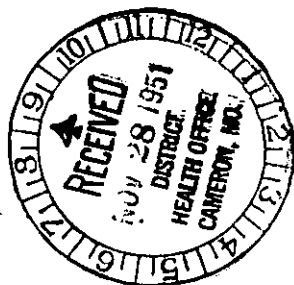
State File No. ....

FILED NOV. 30 1951

BIRTH NO. ....		REG. DIST. NO. <u>139</u>		PRIMARY REG. DIST. NO. <u>4225</u>		Registrar's No. <u>81</u>	
1. PLACE OF DEATH a. COUNTY <u>HOLT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HOLT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>OREGON</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>FORBES</u>			
c. LENGTH OF STAY (In this place) <u>1 MONTH</u>				d. STREET ADDRESS (If rural, give location) <u>174 1/2</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>GEORGE</u>		b. (Middle) <u>RILEY</u>		c. (Last) <u>SIPES</u>	
4. DATE OF DEATH		(Month) <u>NOV.</u>		(Day) <u>16</u>		(Year) <u>1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>DEC. 26, 1866</u>		9. AGE (In years last birthday) <u>84</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>FORBES, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FRANKLIN SIPES</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE GUYER</u>		14. NAME OF HUSBAND OR WIFE <u>ERVILA SIPES</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>488-14-4437</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. FRED MOUGY</u>			
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) <u>CORONARY THROMBOSIS</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CEREBRAL HEMORRHAGE (2)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 MINUTES</u>  <u>4 PM. 1951</u> <u>16 NOV. 1951</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4-2-01</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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>June 1949</u> , to <u>Nov. 16, 1951</u> , that I last saw the deceased alive on <u>Nov. 16, 1951</u> , and that death occurred at <u>2:30 PM.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Howard E. Cobain, D.O.</u>				23b. ADDRESS <u>Oregon, Mo.</u>		23c. DATE SIGNED <u>11-17-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV. 18, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FORBES</u>		24d. LOCATION (City, town, or county) (State) <u>FORBES, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 18-1951</u>		REGISTRAR'S SIGNATURE <u>J. C. Tracy by wife</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Pettigrew</u> ADDRESS <u>Oregon Mo</u>			

(Licensed Embalmer's Signature on Reverse Side)

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



### 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

*James H. Pettigrew*

Licensed Embalmer No.

3192

P. O. Address

Oregon 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.