

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23718

State File No. ....

FILED JUL 21 1952

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>742</b>	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>47 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		<b>0117</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>1721 5th Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lorey</b>		b. (Middle) <b>E.</b>		c. (Last) <b>Sipes</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 5, 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 9, 1880</b>		9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Cigar maker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wholesale Cigar Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Perry, Iowa.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>David M. Sipes</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Reynolds</b>		14. NAME OF HUSBAND OR WIFE <b>Christina Sipes</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>495-10-2621</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Christina Sipes St. Joseph, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Met. Carcinoma of brain</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Carcinoma of left lung</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>163X</b>				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>6/28</b> <sup>1952</sup> , to <b>7/5</b> <sup>1952</sup> , that I last saw the deceased alive on <b>7/5</b> , 1952, and that death occurred at <b>4:08P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Frank J. Sandigan, M.D.</b>				23b. ADDRESS <b>670 Marcus Dr.</b>		23c. DATE SIGNED <b>7/7/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 8, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Mora Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>July 14, 1952</b>		REGISTRAR'S SIGNATURE <b>Carl C. Casper</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Walter Heinkegger St. Joseph, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

0117

**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 \*\*\* \*\*\*\*\*

\*\*\*\* \*\*\*\*\*

working under my personal supervision.

Student Embalmer No. .... \*\*\* \*\*

Signed Robert A. Harrington

Signed.....  
Student Embalmer

Licensed Embalmer No. 5258 Missouri.

P. O. Address St. Joseph, Missouri.

**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.