

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>4425</u>		Registrar's No. <u>143</u>	
1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Morrisville</u>		c. LENGTH OF STAY (in this place) <u>9 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Morrisville</u>		<u>0840</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi. N.E. of Morrisville</u>				d. STREET ADDRESS (If rural, give location) <u>6 mi. N.E. of Morrisville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Singleton</u> b. (Middle) <u>Burton (Sid)</u> c. (Last) <u>Sikes</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>5</u> Year <u>1952</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 25 1868</u>		9. AGE (in years last birthday) <u>84</u>	10. MONTHS <u>9</u>	11. DAYS <u>10</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life even if retired) <u>Butcher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Butcher Business</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Union City, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ambrase Lee Sikes</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Lovelle</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Ellen Sikes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ida Ellen Sikes</u> ADDRESS <u>Morrisville</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
		ANTECEDENT CAUSES Morbid 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>Prostatic hypertrophy</u>					<u>I</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>491X</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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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>Dec 7, 1952</u> to <u>Dec 5, 1952</u> , that I last saw the deceased alive on <u>Dec 7, 1952</u> , and that death occurred at <u>8:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. D. Bolivar M.D.</u>			23b. ADDRESS <u>Bolivar, Mo.</u>			23c. DATE SIGNED <u>12-8-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 8, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bolivar, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Dec 22, 1952</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Corwin Blue</u>		ADDRESS <u>Bolivar, Mo.</u>	

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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

Richard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Salisbury, 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.