

FILED MAY 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12449

BIRTH NO.		REG. DIST. NO. 155	PRIMARY REG. DIST. NO. 3127	Registrar's No. 52		
1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBB CITY, MO.		c. LENGTH OF STAY (In this place) 2 DAYS	c. CITY OR TOWN JOPLIN	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION JANE CHIN HOSPITAL		e. STREET ADDRESS (If rural, give location) 2016 GRAND AVE. 0495				
3. NAME OF DECEASED (Type or Print) a. (First) RALPH		b. (Middle) E.	c. (Last) SIGMAN	4. DATE OF DEATH (Month) (Day) (Year) MAY 4, 1954		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 7, 1893	9. AGE (In years last birthday) 60 If UNDER 1 YEAR Months Days If UNDER 4 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAXI DRIVER		10b. KIND OF BUSINESS OR INDUSTRY 408 CAB CO.	11. BIRTHPLACE (City and State or Foreign Country) WEBB CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME OLIVER SIGMAN		13b. MOTHER'S MAIDEN NAME SARAH MCCORMICK		14. NAME OF HUSBAND OR WIFE GLADYS SIGMAN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WW 498-28-7283	17. INFORMANT'S SIGNATURE OR NAME ADDRESS GLADYS SIGMAN - 2014 GRAND AVE.			
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) MASSIVE HEMORRHAGE ANTECEDENT CAUSES DUE TO (b) ESOPHAGEAL VARICACIES - IDONOT KNOW DUE TO (c) CLARHOSIS OF THE LIVER II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PERICARPITIS			INTERVAL BETWEEN ONSET AND DEATH 30 min. 1 YR 3 Mo	
19a. DATE OF OPERATION		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)		5810	
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 JAN 18, 1954, to MAY 4, 1954, that I last saw the deceased alive on MAY 4, 1954, and that death occurred at 12:40 a.m., from the causes and on the date stated above.						
23a. SIGNATURE J. B. Parker, D.O.		23b. ADDRESS 530 1/2 Main St Joplin Mo		23c. DATE SIGNED 5-4-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-7-54	24c. NAME OF CEMETERY OR CREMATORY WEBB CITY CEMETERY	24d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI		
DATE REC'D BY LOCAL REG. 5-6-54		REGISTRAR'S SIGNATURE Mrs. Madeline Suter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.		

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

OCT 1 1954

MAY 25 1954

MAY 21 1954

RECEIVED MAY 10 1954
Jasper County Health Office
County File Number 54-5-3
Date Filed MAY 10 1954

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
Signature of Student Embalmer

Signed *F. M. Jones*
Licensed Embalmer No. 231

P. O. Address *Joplin*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.