FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25239

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6371

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G. Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis,
d. STREET ADDRESS (If rural, give location) 5126 Cates Ave.,

2129/10 12

3. NAME OF DECEASED (Type or Print)
a. (First) Norman
b. (Middle)
c. (Last) Sipes

4. DATE OF DEATH (Month) (Day) (Year) July 10, 1954

5. SEX Male

6. COLOR OR RACE Colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov. 15, 1920

9. AGE (In years last birthday) 33 | If under 1 year: Months, Days | If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) New Port, Ark.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Henry Sipes

13b. MOTHER'S MAIDEN NAME Rosie Turner

14. NAME OF HUSBAND OR WIFE Searcy Sipes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S SIGNATURE OR NAME Searcy Sipes **ADDRESS** 5126 Cates 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal Hemorrhage following gunshot wound of chest;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) suffered when shot with gun in hands of one Jimmie Cokemmer in scuffle in front

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing it. about 4200 Finney Ave. about 3:20 pm July 10 1954

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Death Judifiable or Homicidal could not be determined "Open Verdict"

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Open Verdict

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 000 E9195

22. I hereby certify that I attended the deceased from _____ 19 P, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:32 p. m., from the causes and on the date stated above. 43

23a. SIGNATURE Patrick E. Taylor (Degree or title) Coroner

23b. ADDRESS 1500 Clark

23c. DATE SIGNED 7/13/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 7/13/54

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) Kensett, Ark. (State)

DATE REC'D BY LOCAL REG. JUL 13 1954

REGISTRAR'S SIGNATURE J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE G. Wade Granberry **ADDRESS** 4202 Finney Ave.,

(Licensed Embalmer's Statement 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 B. Cortes

Licensed Embalmer No. 4681

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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