

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28014

State File No.

FILED AUG 24 1954

BIRTH NO.		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. <u>121</u>		
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 DA.		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 AVENUE 0492				
3. NAME OF DECEASED (Type or Print) GLADYS			a. (First)		b. (Middle)		c. (Last) SIGMAN	
4. DATE OF DEATH AUG. 17, 1954		(Month) (Day) (Year)		5. SEX F		6. COLOR OR RACE W		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JAN. 22, 1889		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR: Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE.		10b. KIND OF BUSINESS OR INDUSTRY HOMEMAKING		11. BIRTHPLACE (City and State or Foreign Country) LAMAR, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME ALVA B. COOPER			13b. MOTHER'S MAIDEN NAME DELORES POTTER			14. NAME OF HUSBAND OR WIFE RALPH E. SIGMAN, DEC'D		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS RUTH COOPER JOHNSON, VALLEJO, CALIF.				
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) Cerebral Neurovascular Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Disease DUE TO (c) Arteriosclerosis.				INTERVAL BETWEEN ONSET AND DEATH Several days		
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) 331X				
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>Aug 15, 1954</u> , to <u>Aug 17, 1954</u> , that I last saw the deceased alive on <u>8-17, 1954</u> , and that death occurred at <u>2:50 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE J. B. Brown (Deputy or Title)				23b. ADDRESS 530 1/2 Main - Joplin, Mo.		23c. DATE SIGNED 8-19-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-20-54		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. 8-19-54		REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.				

(Licensed Emballer's Statement on Reverse Side)

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

SEP 27 1954

RECEIVED AUG 23 1954
Jasper County Health Office
County File Number 54-8-70
Date Filed AUG 23 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.