

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

984

FIFD JAN 27 1958

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Springfield</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Foster's N. Home</b>		Length of stay in lb <b>33 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>2440 Howard</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>Emma Florence Sipe</b>			4. DATE OF DEATH Month Day Year <b>Jan. 23, 1958</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 24, 1866</b>	9. AGE (In years last birthday) <b>91</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Miller County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Abraham M. Mayfield</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Ann James</b>	14. NAME OF HUSBAND OR WIFE <b>John Wesley Sipe</b>
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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>None</b>	17. INFORMANT (Dau.) <b>Mrs. Freeda Baker--Springfield, Mo.</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <del>Cerebral thrombosis</del> <b>Cerebral thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Generalized arteriosclerosis</b>	<b>10 yrs</b>
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>332X</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <u>10-27-50</u> to <u>1-23-58</u> and last saw her/him alive on <u>1-22-58</u> Death occurred at <u>2:05 a.</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <b>Paul O. Norton M.D.</b>	22b. ADDRESS <b>1630 N. Jefferson, Spfg., Mo</b>	22c. DATE SIGNED <b>1-24-58</b>
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23a. BURIAL, CREMATION, OR OTHER DISPOSITION <b>Burial</b>	23b. DATE <b>1-25-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Castleman Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Miller County, Missouri</b>
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24. FUNERAL DIRECTOR <b>Kenny</b> ADDRESS <b>Springfield, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>1-24-58</b>	26. REGISTRAR'S SIGNATURE <b>Effie G. Melton</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

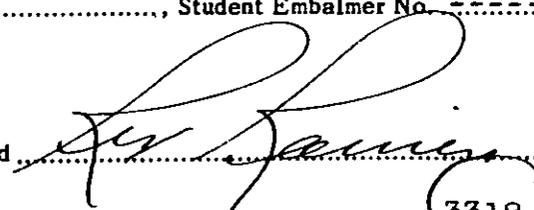
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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  -----

Licensed Embalmer No. 3312  
P. O. Address Springfield, M

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.