

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036191
State File No.

FILED OCT 21 1958

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5536 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Oregon RURAL</u>	c. LENGTH OF STAY (in this place) <u>5 mos.</u>	c. CITY OR TOWN <u>Bigelow</u>	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		e. STREET ADDRESS <u>0446</u> (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LUCY</u>	b. (Middle) <u>ELLEN</u>	c. (Last) <u>SIPES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 16, 1958</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 23, 1884</u>	9. AGE (in years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Oregon, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Joseph Grimes</u>	13b. MOTHER'S MAIDEN NAME <u>Christina Tuttle</u>	14. NAME OF HUSBAND OR WIFE <u>Alonzo Sipes</u>
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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) <u>no none</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Alonzo Sipes, Bigelow, Missouri</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>''</u> <u>Unknown</u> <u>Unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular Accident</u>		
	ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis</u> <u>Arteriosclerosis</u> DUE TO (c) <u>Diabetes Mellitus</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>332X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 1, 1952, to Oct 16, 1958, that I last saw the deceased alive on Oct 16, 1958, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. F. Swearingin, M.D.</u> (Degree or title)	23b. ADDRESS <u>Oregon, Missouri</u>	23c. DATE SIGNED <u>10/16/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/18/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest City</u>	24d. LOCATION (City, town, or county) (State) <u>Forest City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10/17/58</u>	REGISTRAR'S SIGNATURE <u>James H. Cuthbert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Cuthbert</u> ADDRESS <u>Oregon Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....
Signature of Student Embalmer

Signed..... *James H. Pettigrew*
Licensed Embalmer No. *3152*
P. O. Address... *Oregon*

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.