Health, Welfare Public Service

300

1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001738
STATE FILE NUMBER

FILED JAN 27 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Joplin — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST. Johns Hos. — Length of stay in 1b 5 1/2 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Joplin 0495 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1720 W 4th — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Middle Last: Frank Melvin Sipes

4. DATE OF DEATH Month Day Year: Jan 17 1959

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2-12-1912
9. AGE (In years last birthday): 46 — 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): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Vickers
11. BIRTHPLACE (City and state or country): Oskaloosa, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME: Floyd Sipes
13b. MOTHER'S MAIDEN NAME: Alice Bailey
14. NAME OF HUSBAND OR WIFE: Marie Sipes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO.: 483-07-5031
17. INFORMANT: Mrs. Marie Sipes — Address: Joplin Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion fatal — INTERVAL BETWEEN ONSET AND DEATH: Less than 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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): 4261
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Did not attend
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 10 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wilbur Mo Coroner Jasper Co.
22b. ADDRESS: Joplin Mo
22c. DATE SIGNED: 1-19-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-25-59
23c. NAME OF CEMETERY OR CREMATORY: Rosebank
23d. LOCATION (City, town, or county) (State): Mulberry Kansas

24. FUNERAL DIRECTOR: J.M. Berkey — ADDRESS: Mulberry, Ks.
25. DATE RECD. BY LOCAL REG.: 1-23-59
26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAR 3 1959

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 J. M. Berkey

Licensed Embalmer No. 2336

P. O. Address Mulberry, Ga.

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.