

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035762

AMENDED

Registration District No. 4 Primary Registration District No. _____ Registrar's No. 115

STATE FILE NUMBER

FILED NOV 2 1961

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Atchison | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Atchison | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Westboro, Missouri | | Length of stay in 1b 65 Yr | c. CITY OR TOWN Westboro |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Elnor Middle Roy Last Sipes | | | 4. DATE OF DEATH Month Oct Day 12th Year 1961 |
| 5. SEX Male | 6. COLOR OR RACE Wh | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Mar-8-1896 |
| 9. AGE (last birthday) 65 | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Gen Farm Work | 11. BIRTHPLACE (City and state or country) Missouri |
| 12. CITIZEN OF WHAT COUNTRY U S | | 13a. FATHER'S NAME Ollie P Sipes | |
| 13b. MOTHER'S MAIDEN NAME Clara Wolf | | 14. NAME OF HUSBAND OR WIFE Minnie Sipes | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give year and dates of service) Yes World War I | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Maurice Beckman Address Westboro, Mo |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio-ventricular block, complete DUE TO (b) arterio-sclerotic cardio-vascular disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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.) stroke | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 |
| 21. I attended the deceased from 8/19/52 to 10/12/61 and last saw her/him alive on 9/28/61 Death occurred at 3:30 a m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 21a. SIGNATURE E. Niedermeyer MD (Degree or title) | | 21b. ADDRESS Genoa Mo. | 22c. DATE SIGNED 10/12/61 (State) |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Oct-15-1961 | 23c. NAME OF CEMETERY OR CREMATORY Center Grove |
| 23d. LOCATION (City, town, or county) Westboro, Missouri | | 25. DATE RECD. BY LOCAL REG. 10/24/1961 | |
| 24. FUNERAL DIRECTOR Tucker Funeral Home ADDRESS Westboro, Mo | | 25. REGISTRAR'S SIGNATURE Mrs. M. H. ... | |

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF:

NOV 2 1961

OCT 25 1962

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 Ashley R Tucker, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ashley R Tucker
Licensed Embalmer No. 4757

P. O. Address Westboro, Missouri

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.