

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-025907

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 168

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0047
2 0047
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4 1
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9 9572.1
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12 1-0
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

FILED AUG 8 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Audrain		a. STATE Missouri	b. COUNTY Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in 1b Years	c. CITY OR TOWN Mexico Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 202 East Jackson Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Maggie Augusta Sipple			4. DATE OF DEATH July 31 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-26-1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaker	9. AGE (last birthday) 82 IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Audrain County, Mo. USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Skelly		13b. MOTHER'S MAIDEN NAME Clementina M. Weidler	14. NAME OF HUSBAND OR WIFE James M. Sipple dec'd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs Jack Burkey Mexico, Mo. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Mesenteric thrombosis -			2 days
DUE TO (b) - Dysenteric sigmoid colon			7 days
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) - Chronic myocardial failure			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 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.)			
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 - Dec 1953 to July 31-62 and last saw her ^{him} alive on July 31-62 Death occurred at 2:35 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Harold D. Lane MD		22b. ADDRESS Mexico Mo	22c. DATE SIGNED 8-1-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-1-1962	23c. NAME OF CEMETERY OR CREMATORY Elmwood cemetery	23d. LOCATION (City, town, or county) Mexico Missouri (State)
24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Mo		25. DATE RECD. BY LOCAL REG. Aug 1-1962	26. REGISTRAR'S SIGNATURE Blanche Neely

USE BLACK INK

TYPEWRITER RIBBON
REMOVAL (Specify)
Harold D. Lane MD

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 Herbert E. Hayes

Licensed Embalmer No. 4890

P. O. Address Meriden, Mo.

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.