

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047568

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registered District No. 170 Primary Registration District No. 3036 Registrar's No. 170

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Lawrence County</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Illinois</b> b. COUNTY <b>Hill</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Marionville</b>                     |  | Length of stay in 1b<br><b>4 yrs, 7mo.</b>  | c. CITY OR TOWN <b>Mokena</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                         |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Ozark Methodist Manor</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>Reside on Farm</b><br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|  |                                  |   |  |                                     |   |
|--|----------------------------------|---|--|-------------------------------------|---|
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Jessie</b> Middle <b>M. Sippel</b> Last |                                  |   | 4. DATE OF DEATH<br>Month <b>December</b> Day <b>30</b> Year <b>1962</b> |                                     |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>white</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Feb. 1, 1886</b>                                  | 9. AGE (last birthday)<br><b>78</b> | IF UNDER 1 YEAR<br>Months Days Hours Min. |

|   |  |  |  |   |
|---|--|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b> | 11. BIRTHPLACE (City and state or country)<br><b>Trimelle, Wisconsin</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>          |
| 13a. FATHER'S NAME<br><b>William Corman</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Almina Leach</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Elmer C. Sippel</b> |

|  |  |   |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT<br><b>Robert F. Gilmore, Mokena, Illinois</b> |
|--|--|---|

|  |  |                                  |
|--|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |  | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <b>Hemorrhage, Cerebral</b>  |  | <b>1 week.</b>                   |
| DUE TO (b) <b>Hypertension, Essential, and</b>   |  | <b>3 years</b>                   |
| DUE TO (c)   |  |                                  |

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|---|--|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Atherosclerosis, Generalized.</b> |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|---|--|--|

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| 19. WAS AUTOPSY PERFORMED?<br>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.) |
| 20c. TIME OF INJURY<br>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<br><b>Frankfort, Illinois</b> | COUNTY _____ STATE _____ |
|--|--|--|--------------------------|

21. I attended the deceased from **July 1, 1959** to **December 30, 1962** her and last saw her alive on **December 29, 1962**  
Death occurred at **11:15** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                                     |                                   |
|--|-------------------------------------|-----------------------------------|
| 22a. SIGNATURE (Degree or title)<br><b>Renneth L. Selvey, M.D.</b> | 22b. ADDRESS<br><b>Chicago, Mo.</b> | 22c. DATE SIGNED<br><b>1/1/63</b> |
|--|-------------------------------------|-----------------------------------|

|   |                                  |   |   |
|---|----------------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 23b. DATE<br><b>Jan. 1, 1963</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Pleasant Hill Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Frankfort, Illinois</b> |
|---|----------------------------------|---|---|

|  |   |  |
|--|---|--|
| 24. FUNERAL DIRECTOR<br><b>Bradford-SurrIDGE, Marionville, Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>1-4-63</b> | 26. REGISTRAR'S SIGNATURE<br><b>Harward W. M. D.</b> |
|--|---|--|

VS 300  
Rev. 4/59

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**1296-0**

**13 1-0**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Selvey  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

JAN 1 1963

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 William A. Fulkes

Licensed Embalmer No. 4658

P. O. Address Marionville

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.

Renewal permit issued 12-31-62 - pending