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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 14 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4074

BIRTH NO. 12904-51 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 99

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cape Girardeau
c. LENGTH OF STAY (In this place) 24hr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) SE Mo Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chaffee, 1001
d. STREET ADDRESS (If rural, give location) 211 Wright Ave.

3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) Keith c. (Last) Sipes

4. DATE OF DEATH (Month) Mar (Day) 4 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby
8. DATE OF BIRTH Mar. 3. 1951
9. AGE (In years last birthday) —
IF UNDER 1 YEAR Months —
Days —
IF UNDER 24 HRS. Hours 24
Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Cape Girardeau Mo
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Milford Sipes
13b. MOTHER'S MAIDEN NAME Opal Counsil
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
(If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Milford Sipes ADDRESS Chaffee Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Membranity — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

750X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/2, 1951, *to* 3/4, 1951, *that I last saw the deceased alive on* 3/4, 1951, *and that death occurred at* 5:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Cape Girardeau Mo.
23c. DATE SIGNED 3/5/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-4-51
24c. NAME OF CEMETERY OR CREMATORY Union Park.
24d. LOCATION (City, town, or county) Chaffee (State) Mo

DATE REC'D BY LOCAL REG. 3-5-1951
REGISTRAR'S SIGNATURE 44 C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE Bispinghoff Funeral Home ADDRESS Chaffee Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

MAR 12 1951

DISTRICT HEALTH OFFICE No. 6

No.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by.....

..... Student Embalmer No. .....

working under my personal supervision.

Student ..... Student Embalmer

Signed Maurice Bassenghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.