

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

20285

State File No. ....

FILED JUL 8 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5536 Registrar's No. 49

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

1. PLACE OF DEATH a. COUNTY <b>HOLT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>HOLT</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>OREGON: LEWIS TWP.</b>		c. LENGTH OF STAY (If in this place) <b>4 MO.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>OREGON LEWIS TWP.</b>	
3. NAME OF DECEASED a. (First) <b>OTHA</b>		b. (Middle) <b>BELLE</b>	
(Type or Print)		c. (Last) <b>SIPEB</b>	
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>DEC. 22, 1879</b>	
9. AGE (In years last birthday) <b>72</b>		4. DATE OF DEATH (Month) <b>JUNE</b> (Day) <b>27</b> (Year) <b>1952</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	
11. BIRTHPLACE (State or foreign country) <b>FOREST CITY, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JAMES T. ELDER</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH FELLOWS</b>	
14. NAME OF HUSBAND OR WIFE <b>JOHN R. SIPEB</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <b>NO</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. GEORGE SAHLIN</b> ADDRESS <b>OREGON, MO.</b>	
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 <b>carcinoma primary in colon with metastatic</b>  INTERVAL BETWEEN ONSET AND DEATH <b>one year</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES	
Morbidity 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.		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>200</b> , 19 <b>51</b> , to <b>June 27, 1952</b> that I last saw the deceased alive on <b>6-27-1952</b> and that death occurred at <b>4:15 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. E. Blodgett M.D.</b> (Degree or title)		23b. ADDRESS <b>Moreland City, MO.</b>	
23c. DATE SIGNED <b>6-30-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>6-28-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MAPLE GROVE</b>	
24d. LOCATION (City, town, or county) (State) <b>OREGON, MO.</b>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>James H. Clewley</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>James H. Pettigrew</b> ADDRESS <b>Oregon, MO.</b>			

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**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 .....  
Student Embalmer

Signed James H. Pettigrew

Licensed Embalmer No. 3192

P. O. Address Oregon 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 this body is not embalmed, fact should be so stated above.