

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20927

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5578 Registrar's No. 96

490  
1

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

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>DUENWEG</u>	c. LENGTH OF STAY (In this place) <u>26 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>DUENWEG 1490</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>502 PATTERSON</u>		d. STREET ADDRESS (If rural, give location) <u>502 PATTERSON</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JULIA</u>	b. (Middle) <u>ANN</u>	c. (Last) <u>SIKES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUN 19 1952</u>
--	----------------------------	---------------------------	---------------------------	--

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV 19 1870</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 28 HRS. <u>81</u> Months Days Hours Min.
-------------------------	----------------------------------	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	---

13a. FATHER'S NAME <u>E. J. VAUGHAN</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA THORNTON</u>	14. NAME OF HUSBAND OR WIFE <u>CYRUS SIKES</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS SUSIE BATEMAN</u>	ADDRESS <u>DUENWEG</u>
---	--	---	---------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ABDOMINAL CARCINOMATOSIS</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>PRIMARY UNKNOWN</u>		
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) <u>1491</u>
--	--	--

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 5-11, 1949, to 6/19, 1952, that I last saw the deceased alive on 6/18, 1952, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. Douglas</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Jasper Co Health Dept City</u>	23c. DATE SIGNED <u>6/20/52</u>
-------------------------------------	----------------------------------	---	------------------------------------

24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-21-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CARTERVILLE, CEM</u>	24d. LOCATION (City, town, or county) (State) <u>CARTERVILLE MO.</u>
---	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>6-21-52</u>	REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>HURBUT</u>	ADDRESS <u>SHOVER Joplin</u>
--	---	---	---------------------------------

RECEIVED 6-30-52  
Jasper County Health Office  
County File Number 52-6-497  
Date Filed 6-30-52

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 *Dale Glover*

Licensed Embalmer No. 4593

P. O. Address *Joplin, 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.