

FILED MAR 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

4122

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 80

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Camden	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Osage Beach	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Charles E. Still INSTITUTION Osteopathic Hosp.		d. STREET ADDRESS (If outside, give location) CEDER'S RESORT	
3. NAME OF DECEASED (Type or print) First Middle Last Bud Sipult		4. DATE OF DEATH Month Day Year February 27, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 26, 1894
9. AGE (In years last birthday) 62	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cafe operator		11. BIRTHPLACE (City and state or country) Wellston, Oklahoma
13. FATHER'S NAME William Sipult		14. MOTHER'S MAIDEN NAME Ella Basinger	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 613-01-P265	17. INFORMANT Lillian Sipult, Osage Beach, Mo.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary paralysis			INTERVAL BETWEEN ONSET AND DEATH 20 sec.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ventricular fibrillation			120 sec.
DUE TO (c) Myocardial infarction			50 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 4201			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.) Insidious onset of fibrillation, causing no cardiac output leading to cerebral anoxia, medullary paralysis and death
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	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 2-25-57 to 2-27-57 and last saw him alive on 2-27-57 Death occurred at 5:50 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) 2		22b. ADDRESS 420 E. High, Jefferson City	22c. DATE SIGNED Feb 27, 1957
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MARCH 2, 1957	23c. NAME OF CEMETERY OR CREMATORY CLEARWATER Cemetery	23d. LOCATION (City, town, or county) MO. (State) CLEARWATER, KANS.
24. FUNERAL DIRECTOR Louis D. Phillips, Eldon by Keith Bolt.		25. DATE RECD. BY LOCAL REG. 28 February, 1957	26. REGISTRAR'S SIGNATURE R. P. Darriss, MD - MR

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

W.R. Wagner, D.O.

(Licensed Embalmer's Statement on Reverse Side)

APR 11 1957

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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 \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_  
Licensed Embalmer No. 90

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.