

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-015898

FILED VS APR 19 1960

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 74

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Webb City</b>		Length of stay in 1b <b>5 weeks</b>	c. CITY OR TOWN <b>Rural</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jane Chinn Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rt. 1 Joplin</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Albert</b> Middle <b>Wesley</b> Last <b>Sidman</b>	4. DATE OF DEATH Month <b>April</b> Day <b>12</b> Year <b>1960</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-11-1909</b>	9. AGE (last birthday) <b>50</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machineist</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Vickers Inc.</b>	11. BIRTHPLACE (City and state or country) <b>Jasper Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>D.L. Sidman</b>	13b. MOTHER'S MAIDEN NAME <b>Ethel Doolen</b>	14. NAME OF HUSBAND OR WIFE <b>Lois Sidman</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unk.</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Lois Sidman</b> Address <b>Rt. 1 Joplin, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Acute Circulatory Failure</b>		<b>3 minutes</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Debilitation and Inanition</b>	<b>6 weeks</b>
	DUE TO (c) <b>Aleukemic leukemia</b>	<b>3 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.)
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20c. TIME OF INJURY Hour <b>9:00</b> a.m. p.m.	Month <b>5</b> Day <b>28</b> Year <b>57</b>	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 <b>Webb City, Missouri</b>	COUNTY <b>Webb</b>	STATE <b>Missouri</b>
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21. I attended the deceased from <b>5-28-57</b> to <b>4-12-60</b> and last saw <sup>xxx</sup> him alive on <b>4-12-60</b> Death occurred at <b>9:00A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>A. J. Gregory</i> (Degree or title) <b>D.O.</b>	22b. ADDRESS <b>Webb City, Missouri</b>	22c. DATE SIGNED <b>4-13-60</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-14-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Carterville Cemetery</b>	23d. LOCATION (City, town, or county) <b>Carterville, Mo.</b>
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24. FUNERAL DIRECTOR <b>Johnston-Arnce-Simpson</b> Webb City, Mo.	25. DATE RECD. BY LOCAL REG. <b>4-14-60</b>	26. REGISTRAR'S SIGNATURE <i>Mrs Madeline Switzer</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed

*Jack C. Simpson*

Licensed Embalmer No. 4647

P. O. Address Webb City

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.