

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031201

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 216

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59	DATE AMENDED				
0047	2	0040	2	3	4
1	5	2	6	7	0
2	8	2	9	3	3
10	11	12	86-2	13	20

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

FILED SEP 3 1963	
1. PLACE OF DEATH a. COUNTY <u>Audrain County</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico, Missouri</u> Length of stay in 1b <u>4 weeks</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Allen Rest Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u> c. CITY OR TOWN <u>Laddonia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Laddonia</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Dee</u> Last <u>Hatton Sipple</u>	4. DATE OF DEATH Month <u>8</u> Day <u>26</u> Year <u>63</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-4-1882</u>
9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>26</u> IF UNDER 24 HR Hours <u>63</u> 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
11. BIRTHPLACE (City and state or country) <u>Montgomery County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>David Crockett</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Hatton</u>
14. NAME OF HUSBAND OR WIFE <u>Herman Sipple</u>	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 Address <u>Mrs. Glenn Pittenger Laddonia, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Senile debility</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis - generalized.</u> DUE TO (c) <u>Unknown</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebrovascular Accident 4-14-63</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour <u>3:30</u> a.m. <u>A</u> Month, Day, Year <u>Oct 19, 1962</u>	20d. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Laddonia</u> COUNTY <u>Missouri</u> STATE <u>Missouri</u>
21. I attended the deceased from <u>Oct 19, 1962</u> to <u>Aug 25, 1963</u> and last saw ^{her} _{him} alive on <u>Aug 25, 1963</u> Death occurred at <u>3:30 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>John Robey DO</u>	22b. ADDRESS <u>Laddonia</u>
22c. DATE SIGNED <u>8/27/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug. 28, 1963</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Laddonia Cemetery</u>	23d. LOCATION (City, town, or county) <u>Laddonia, Missouri</u>
24. FUNERAL DIRECTOR <u>Wilkey-Bienhoff</u> ADDRESS <u>Laddonia, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Aug 28-1963</u>
	26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>

USE BLACK INK OR TYPEWRITER RIBBON

Wm A. Robey DO

SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clyde C. Helkey

Licensed Embalmer No. 3820

P. O. Address Perry, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.