

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Cor 25210
603

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH
GREENE

(a) County _____
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
Cherry & Glendon Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

8. (a) PRINT FULL NAME ANDREW GARLAND SIDDENS

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Nellie 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Sept 15 1876
(Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 8 If less than one day hr. min.

9. Birthplace Unknown Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

MOTHER FATHER
12. Name Milton Siddeus
13. Birthplace not known
(City, town, or county) (State or foreign country)
14. Maiden name Mattie Bramley
15. Birthplace not known Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Amanda Sauter

(b) Address Walden MO

17. (a) Burial (b) Date thereof 7 23 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director W. E. Haudley
(b) Address W. E. Haudley

19. (a) July 22 1940 (b) W. E. Haudley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 607 1/2 N. Jefferson
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1940 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him live on July 20 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death C coronary Occlusion

Due to _____
Due to 94 B

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 984

While at work? _____ (Specify type of place) (e) Means of injury _____

Signature W. E. Haudley (M. D. or other) 5
Address Carroll Green Camp Date signed 7/22/40

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

2
0-39
39
21492

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Harlow Knabb

Licensed Embalmer No.

4065

P. O. Address

Springfield, 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, above space should be left blank.