

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11289

Registration District No. 517

Primary Registration District No. 2683

Registrar's No. 17

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

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Marionville, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Marionville Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 57 years, months or days)

3. (a) PRINT FULL NAME DAVID CROCKET SIDDEN

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Margaret Sidden

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Aug 9 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 2 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER, FATHER { 12. Name Francis Sidden

13. Birthplace Mo. (City, town, or county) (State or foreign country)

14. Maiden name Callaway

15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Johnnie Sidden

(b) Address Quincy Mo

17. (a) Burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Bethel

18. (a) Signature of funeral director C. A. Siderman

(b) Address Boyard Mo

19. (a) 2-12-41 (b) Leotis J. Quay
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn

(c) City or town Quincy Mo
(If outside city or town limits, write "RURAL.")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A. USA years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1941 hour 6 minute 30 AM.

21. I hereby certify that I attended the deceased from 7-11
1941 to March 11 1941
that I last saw her alive on March 9 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to lung now

Due to no

Other conditions no
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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? _____

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

23. Signature Geo. M. ... (M. D. or other) _____

Address Quincy Mo Date signed 3/12/41

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 E. A. Dickerson

Licensed Embalmer No. 2534

P. O. Address.....

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.