

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15023

FILED JUN 15 1949

BIRTH NO. 27728-49 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 211

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY OR TOWN <b>Poplar Bluff</b>		c. CITY OR TOWN <b>Rural, Union Township</b>	
c. LENGTH OF STAY (in this place) <b>20 min.</b>		d. STREET ADDRESS (If rural, give location) <b>Route 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctor's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Dennis</b> b. (Middle) <b>George</b> c. (Last) <b>Siebert</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 1, 1949</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>May 14, 1949</b>	9. AGE (in years last birthday) <b>18</b>	IF UNDER 1 YEAR Days <b>18</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Bernard Siebert</b>	13b. MOTHER'S MAIDEN NAME <b>Dorothy Dotson</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bernard Siebert, Campbell, Mo. RR. 1</b>
17. ADDRESS <b>Campbell, Mo. RR. 1</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia Bronchial, aspiration type</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Birth**, 1931, to **1 June, 1949**, that I last saw the deceased alive on **1 June, 1949**, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Charles Williams, M.D.</b> (Degree or title)	23b. ADDRESS <b>Malden, Mo.</b>	23c. DATE SIGNED <b>2 June 49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 3, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Glennsville Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Glennsville, Missouri</b>		

DATE REC'D BY LOCAL REG. <b>June 9, 1949</b>	REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b> 429	25. FUNERAL DIRECTOR'S SIGNATURE <b>Lander Funeral Home, Campbell, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

12  
7  
3

JUN 13 1949

BUTLER COUNTY HEALTH CENTER  
CORPORATE BUILDING - WILCOX COURT

649-138

6-13-49

1-1

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 .....  
Student Embalmer

Signed \_\_\_\_\_

*Not Embalmed*  
Licensed Embalmer No. \_\_\_\_\_

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, fact should be so stated above.