

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

FILED OCT 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33102

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1122

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buch.</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>11 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. D. # 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u>	b. (Middle) <u>Jane</u>	c. (Last) <u>Sibert</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 8, 1949</u>
---	-------------------------	-------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 28, 1878</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
----------------------	-------------------------------	--	---------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Hartford, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	---	---

13a. FATHER'S NAME <u>John W. Blair</u>	13b. MOTHER'S MAIDEN NAME <u>Martha unkown</u>	14. NAME OF HUSBAND OR WIFE <u>William N. Sibert</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ruth Sego-St. Joseph, Missouri</u>
--	-------------------------------------	--

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Post-Operative Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. 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 checked="" 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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
---	--	----------------------------------

22. I hereby certify that I attended the deceased from Sept 12, 1949, to Oct 8, 1949, that I last saw the deceased alive on Oct 8, 1949, and that death occurred at 10: a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Emma Blair, M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>The Tootle Bldg. St. Joseph, Mo</u>	23c. DATE SIGNED <u>10-11-49</u>
--	-------------------------------	---	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 11, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sugar Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rushville, Missouri</u>
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Oct. 18, 1949</u>	REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stamey Funeral Home St. Joseph, Mo.</u>
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

Hyatt

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.

Signed.....

Charles M. Hanna

Signed.....

Student Embalmer

Licensed Embalmer No. _____

4487

P. O. Address _____

St. Joseph

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.