

FILED JAN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43915

State File No.

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6018 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY RAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay	
D. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL, Fishing River		c. LENGTH OF STAY (in this place) 63	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 Miles South East		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Fishing River	
		d. STREET ADDRESS (If rural, give location) RR II Ecclesport Springs	

3. NAME OF DECEASED (Type or Print) a. (First) ORA	b. (Middle) MYRTLE	c. (Last) SIEGEL	4. DATE OF DEATH (Month) (Day) (Year) DEC. 30, 1949
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5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 7, 1886	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (State or foreign country) RAY COUNTY MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph Hightower	13b. MOTHER'S MAIDEN NAME Dorinda Sisk	14. NAME OF HUSBAND OR WIFE RR II Joseph M. Siegel, Ex. Sp.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no	16. SOCIAL SECURITY NO. no.	17. INFORMANT'S SIGNATURE OR NAME Joseph M. Siegel, RR II Ex. Sp.	ADDRESS RR II Ex. Sp.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Phyphemia		INTERVAL BETWEEN ONSET AND DEATH 1941
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General debility &		
	DUE TO (c) Starvation		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			1 year

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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 Jan. 1941, to Dec 30, 1949, that I last saw the deceased alive on Dec 29, 1949, and that death occurred at 1:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Verona B. Rohbaum MD	23b. ADDRESS Ecclesport Springs, Mo	23c. DATE SIGNED 1-5-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 31, 1949	24c. NAME OF CEMETERY OR CREMATORY Siegel Cemetery	24d. LOCATION (City, town, or county) (State) Ray County, MO.
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DATE REC'D BY LOCAL REG. 1-6-50	REGISTRAR'S SIGNATURE Helen C. Larkin	25. FUNERAL DIRECTOR'S SIGNATURE Hope Funeral Home, Ex. Sp.	ADDRESS Verona B. Rohbaum MD
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

90
1

JAN 18

RECEIVED

District Health Officer No. 8,

District File Number.....

..... 8-50

MAY 25 1954

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.....

James A. Moler

Licensed Embalmer No. 3296

P. O. Address Ex-Springs 9

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.