

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5110 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL FILMORE TWP MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL FILMORE TWP MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>NEAR GRASSY</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>NOAH</u> b. (Middle) _____ c. (Last) <u>SITZE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 9, 1950</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 14, 1873</u>
9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>76 11 26</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>		11. BIRTHPLACE (State or foreign country) <u>U</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JACOB SITZE</u>		13b. MOTHER'S MAIDEN NAME <u>WUTES</u>	14. NAME OF HUSBAND OR WIFE <u>AMY SITZE</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>AMY SITZE GRASSY, MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Solar pneumonia</u> 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"/>		INTERVAL BETWEEN ONSET AND DEATH <u>490x</u>	
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 <u>11/1</u> , 19 <u>41</u> , to <u>1/8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1/8</u> , 19 <u>50</u> , and that death occurred at <u>8:50 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John Myers M.D.</u>		23b. ADDRESS <u>Jutesville Mo.</u>	
23c. DATE SIGNED <u>1/15/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-11-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>IVY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>BOLLINGER Co, MO</u>	
DATE REC'D BY LOCAL REG. <u>Jan 16, 1950</u>		REGISTRAR'S SIGNATURE <u>Willie VanLemburg</u>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BAKER FUNERAL HOME JUTESVILLE MO.</u>			

RECEIVED

JAN 24 1950

DISTRICT HEALTH OFFICE No. 4

File No. 150-118

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.....

J. E. Graham

Licensed Embalmer No. 4010

P. O. Address *Lutesville, Md.*

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.