

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8234

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5429 Registrar's No. 8

360

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Lyon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Lyon</u>	
c. LENGTH OF STAY (In this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>Leslie R#R1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leslie R#R1</u>			

3. NAME OF DECEASED (Type or Print) <u>HENRY</u> (First) <u>Siepelmeier</u> (Middle) (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 14 1950</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>M</u>	8. DATE OF BIRTH <u>Sept. 17 1870</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Days <u>4</u> Hours <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Leslie Mo - R#R1</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Carl H. Siepelmeier</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Witt</u>		14. NAME OF HUSBAND OR WIFE <u>Mathilda Siepelmeier</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE, OR NAME ADDRESS <u>Louis W. Schlake, New Haven Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Antecedent causes</u>		<u>2 Mon</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Antecedent causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ DUE TO (b) _____ DUE TO (c) _____		334X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>		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 Jan 26, 1949 to Feb 14, 1950 that I last saw the deceased alive on Feb 13, 1950 and that death occurred at 5 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title) <u>J. H. Matthews, M.D.</u>		23b. ADDRESS <u>Beaufort Mo</u>		23c. DATE SIGNED <u>2-16-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Feb. 17 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Evang -</u>	
24d. LOCATION (City, town, or county) (State) <u>Beaufort Mo.</u>					

DATE REC'D BY LOCAL REG. <u>2-16-50</u>		REGISTRAR'S SIGNATURE <u>J. H. Matthews</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. H. Semme, Beaufort Mo</u>	
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APR 12 1950

District File Number

District Health Officer No. 9,

RECEIVED MAR 13 1950

JUL 13 1951

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 _____

E. H. Jenne

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *E. H. Jenne*

Licensed Embalmer No. *3076*

P. O. Address *Beaufort Mo.*

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.