

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23191

0350

S. No. 300  
v. 10.48

BIRTH NO. 40079 REG. DIST. NO. 542409 PRIMARY REG. DIST. NO. 1094 Registrar's No. 22

1. PLACE OF DEATH  
a. COUNTY Dunklin  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Glennonville, Mo.  
c. LENGTH OF STAY (in this place) Life  
d. FULL NAME OF HOSPITAL OR INSTITUTION Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Dunklin  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Glennonville, Mo.  
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED  
a. (First) JOSEPH b. (Middle) SIEBERT c. (Last) SIEBERT

4. DATE OF DEATH (Month) (Day) (Year)  
JULY 3 1950

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED 8. DATE OF BIRTH 3 JULY 50 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Glennonville, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Bernard George Siebert 13b. MOTHER'S MAIDEN NAME Kathleen Marie Dotson 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME Mrs. Bernard Siebert ADDRESS Glennonville, Mo.

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
PREMATURITY (21 weeks gestation)  
INTERVAL BETWEEN ONSET AND DEATH Birth

\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES  
DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
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  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 July, 1950 to 3 July, 1950, that I last saw the deceased alive on 3 July, 1950, and that death occurred at 12:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles S. Williams, M.D. 23b. ADDRESS Malden, Mo. 23c. DATE SIGNED 15 July 50

24a. BURIAL CREMATION, REMOVAL (Specify) Burial 24b. DATE 3 July 50 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) Glennonville, Mo.

DATE REC'D BY LOCAL REG. 7/17/1950 REGISTRAR'S SIGNATURE Mrs. Beulah Campbell 25. FUNERAL DIRECTOR'S SIGNATURE Friends ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 7-24-50

COUNTY FILE NUMBER 750-219

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**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 \_\_\_\_\_

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.