

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37249

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4822

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY Coles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MATTOON	
c. LENGTH OF STAY (in this place) 6 MONTHS		d. STREET ADDRESS (If rural, give location) 8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4033 CENTRAL			

3. NAME OF DECEASED (Type or Print) a. (First) JACOB b. (Middle) JOSEPH c. (Last) SIEBEN			4. DATE OF DEATH (Month) (Day) (Year) 11 15 50		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH 1-22-1866			9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days Hours Mtn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED--FARMER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MASON, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE ELNORAH SIEBEN	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS H. J. SIEBEN, 1809 EAST 76TH TERRACE	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES Hypertensive Heart Disease DUE TO (b) Over 4 years DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 10 days 44 3/4	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 1947, to Nov 15, 1950, that I last saw the deceased alive on Nov 15, 1950, and that death occurred at 4:55 P. m., from the causes and on the date stated above.

23a. SIGNATURE Robert Jansen (Degree or title) M.D.		23b. ADDRESS 2220 E 31st St		23c. DATE SIGNED 11-16-50	
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24a. BURIAL, CREMATION REMOVAL (Specify) REMOVAL		24b. DATE 11-16-50		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) MATTOON ILLINOIS					

DATE REC'D BY LOCAL REG. 11-16-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. J. Howell 8.3256 BROADWAY	
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(Licensed Embalmer's Statement on Reverse Side)

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

STATE OF MISSOURI

DEPARTMENT OF HEALTH

CERTIFICATE

2011

2011-SS-1

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *John W. Laybourn*

Licensed Embalmer No. 1715

P. O. Address K. E. 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.