

FILED MAR 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4157

0230
1

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5279 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <i>Clark</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Clark</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Revere rural life</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Revere Rural</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Jefferson Sp.</i>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <i>MARY</i> b. (Middle) <i>FLORENCE</i> c. (Last) <i>SIGLER</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>March 4 1951</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>April 18-1880</i>
9. AGE (In years last birthday) <i>70</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeping</i>	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Iowa</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Hugh S. Carnes</i>	
13b. MOTHER'S MAIDEN NAME <i>Annetta Cook</i>		14. NAME OF HUSBAND OR WIFE <i>W. H. Sigler</i>	
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 <i>Mr. W. H. Sigler</i>		ADDRESS <i>Revere Mo.</i>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac Asthma</i> *ANTECEDENT CAUSES <i>Myocarditis</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Arteriosclerosis</i> DUE TO (b) _____ 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 type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <i>4221</i>	
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 <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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>1230</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Perry S. Bortolucci</i>		23b. ADDRESS <i>Kahoka, Mo 63557</i>	
23c. DATE SIGNED <i>3-5-51</i>		23d. SIGNATURE OF REGISTRAR	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Mar. 6, 1951</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Land Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Francisville Mo.</i>	
DATE REC'D BY LOCAL REG. <i>3-9-51</i>		REGISTRAR'S SIGNATURE <i>H. B. ...</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Lettingus Used</i>		ADDRESS <i>Kahoka Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: **MAR 13 1951**
DISTRICT HEALTH OFFICE #2
District File Number *3-51-563*
Date Filed: **MAR 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.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *Oliver L. Letting*

Licensed Embalmer No. *2965*

P. O. Address *Bellevue*

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.