

5. No. 300  
10. 48

FILED MAR 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4237

0264

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY: Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (in this place) 1 WKS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: St. Marys Hospital		d. STREET ADDRESS (If rural, give location) Osage Bend Mo. Rural 3miles Northwest	

3. NAME OF DECEASED (Type or Print) Raymond Woodrow Siebeneck			4. DATE OF DEATH Feb. 26, 1951		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 19, 1912	9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months 4	IF UNDER 2 WKS. Hours 7	IF UNDER 2 MTH. Mth.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own	11. BIRTHPLACE (State or foreign country) Jefferson City, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frank Siebeneck	13b. MOTHER'S MAIDEN NAME Clara Rakes	14. NAME OF HUSBAND OR WIFE Elizabeth Siebeneck
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Elizabeth Siebeneck Jefferson City
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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		INTERVAL BETWEEN ONSET AND DEATH  1 week  570.3
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Intestinal Obstruction ileum</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Volvulus - ileum</i> 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"/>
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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 Feb. 19, 1951, to Feb. 26, 1951, that I last saw the deceased alive on Feb. 24, 1951, and that death occurred at 2:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE L. B. Hebl M.D.	(Degree or title)	23b. ADDRESS Jefferson City, Mo.	23c. DATE SIGNED 2-27-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 1, 1951	24c. NAME OF CEMETERY OR CREMATORY Wardsville Cemetery	24d. LOCATION (City, town, or county) (State) Wardsville, Mo.
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DATE REC'D BY LOCAL REG. Feb. 27, 1951	REGISTRAR'S SIGNATURE R. P. Dorris M.D. - M.R.O.	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Victor Buecher Jefferson City Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 3-5-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 3-5-51 \_\_\_\_\_

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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 Victor Buescher \_\_\_\_\_

Licensed Embalmer No. 3701 \_\_\_\_\_

P. O. Address Jefferson City, 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.