

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12157

State File No.

BIRTH NO. REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 62

0367
0

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>Missouri</u> b. COUNTY <u>Maries</u>	
b. CITY OR TOWN <u>Washington</u>	c. LENGTH OF STAY (in this place) <u>5 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belle</u> <u>1630</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>None</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u>	b. (Middle) <u>S.</u>	c. (Last) <u>Siegler</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>11</u> <u>51</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 21, 1872</u>
9. AGE (in years last birthday) <u>78</u>		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Maries County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
--	---	---	---

13a. FATHER'S NAME <u>Wm. Griffith</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Ridenhour</u>	14. NAME OF HUSBAND OR WIFE <u>Pete Siegler</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Pete Siegler</u> ADDRESS <u>Belle Mo.</u>
--	-------------------------------------	--

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) <u>Virus Angioplasty?</u>		
	DUE TO (c) <u>Chronic Myocardial</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocardial</u>			

18a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>492x</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 1949, to April 11, 1951, that I last saw the deceased alive on April 11, 1951, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree of title)	23b. ADDRESS <u>[Address]</u>	23c. DATE SIGNED <u>4-17-51</u>
---	-------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-13-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberty, Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Belle, Mo.</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>April 14, 1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>990 Sessmont Farm Belle, Mo.</u>
--	--	---

File No.

DISTRICT HEALTH OFFICE No. 4

APR 23 1951

RECEIVED

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 Chester S. Sarnam

Signed.....
Student Embalmer

Licensed Embalmer No. 4178

P. O. Address Belle Me

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.