

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24107

State File No.

FILED AUG 8 1951

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>183</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: building and lot) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>16 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		08-8-51	
d. FULL NAME OF (If not in hospital or institution, give street address and location) <u>408 Epperson</u>				d. STREET ADDRESS (If rural, give location) <u>408 Epperson</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Magdalena B.</u>		b. (Middle) <u>Sies</u>		c. (Last) <u>Sies</u>	
5. SEX <u>Female</u>		6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>12-1-1861</u>	
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____		DATE OF DEATH <u>7-30-51</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Poultney, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Jacob Rapp</u>		13b. MOTHER'S MAIDEN NAME <u>Rosina Haag</u>		14. NAME OF HUSBAND OR WIFE <u>George B. Sies</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>(If yes, give year or date of service)</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. J. E. Beck</u>		ADDRESS <u>Moberly, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Hepatitis</u> DUE TO (c) <u>Hypertensive pneumonia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> <u>one year</u> <u>4 days</u> <u>Age 89</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>592 X</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) m.		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 <u>Aug</u> , 19 <u>50</u> , to <u>July 30</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>July 29</u> , 19 <u>51</u> , and that death occurred at <u>4:15 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. E. Beck</u>				23b. ADDRESS <u>312 1/2 W. Reed</u>		23c. DATE SIGNED <u>7/31/51</u>	
24a. BIRTHAL CREMATION REMOVAL (Specify)		24b. DATE <u>8-1-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wesley</u>		24d. LOCATION (City, town, or county) (State) <u>Wesley City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-31-51</u>		REGISTRAR'S SIGNATURE <u>Lois Bivens</u>		GENERAL DIRECTOR'S SIGNATURE <u>Marie E. Miller</u>		ADDRESS <u>Moberly</u>	

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

No. 300
10.48

Date Received: **AUG 7 1951**
DISTRICT HEALTH OFFICE #2
District File Number *8-51-1413*
Date Filed: **AUG 7 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 *Marion E. Million*

Licensed Embalmer No. *3957*
P. O. Address *Moberly 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.