. No. 500
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7352

State File No. .....

FILED MAR 17 1952 BIRTH NO. ..... REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boone County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia 0105
d. STREET ADDRESS (If rural, give location): 408 W. Walnut St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): ORAL
b. (Middle): ~~SHELDON~~ SHELTON
c. (Last): SIGLER

4. DATE OF DEATH (Month) (Day) (Year): March 12, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 12, 1885
9. AGE (In years last birthday): 66 — If under 1 year: Months 6, Days 0 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Callaway County, Missouri. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John Sigler
13b. MOTHER'S MAIDEN NAME: Virginia Cobb
14. NAME OF HUSBAND OR WIFE: Ada McCulloch Sigler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Oral Shelton Sigler, Columbia, Mo

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) Burns 1°, 2° & 3° involving 55-60% of body surface — INTERVAL BETWEEN ONSET AND DEATH: 14 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
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.* nephritis, chronic

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
E 9160 - 4 6
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Gasoline burn in entrance
21c. (CITY, TOWN, OR TOWNSHIP): Columbia (COUNTY): Boone (STATE): Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 25 1952 11:30
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? While cleaning floor with gasoline & fire in room.

22. *I hereby certify that I attended the deceased from* Feb. 25, 1952 *to* Mar 12, 1952, *that I last saw the deceased alive on* Feb 20 1952, *and that death occurred at* 7:10 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: James M Baker (Degree or title): MD
23b. ADDRESS: Columbia, Mo.
23c. DATE SIGNED: Mar. 13, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: Barry Cemetery
24d. LOCATION (City, town, or county) (State): Gashland, Missouri.

DATE REC'D BY LOCAL REG.: Mar 14 1952
REGISTRAR'S SIGNATURE: Mrs. R.E. Palmer
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Parker Funeral Service, Columbia, Mo

(Licensed Embalmer's Statement on Reverse Side)

JUN 4 1955

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, ~~only~~ .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Clarence M. Billo

Licensed Embalmer No. 4375

P. O. Address Columbia, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Boone }

State File No. 7352-52

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 75

On this 22nd day of August, 1952 before me appears Adah M Sigler, who, upon her oath, states that the original record of ~~birth~~ death for ORAL SHELTON SIGLER, died ~~born~~ MARCH 12, 1952, in the State of Missouri, and which was filed at Columbia Mo. on March 14, 1952, should be corrected as follows:

Item No. 3 b should read Shelton
Instead of Sheldon

Item No. 17 should read Shelton
Instead of Sheldon

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Adah M. Sigler
Relationship. wife

408 W. Walnut
Columbia, Mo.
Present Address.

Subscribed and sworn to before me this 22nd day of August, 1952

My Commission expires June 20, 1954 Virginia Green Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V. S. 135
OM—4-43
I X36667