

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

21078

State File No.

FILED JUL 5 1952

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 4275 Registrar's No. 43

0550
5

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

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marionville,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marionville, 0550	
d. FULL NAME OF HOSPITAL OR INSTITUTION Methodist Home for the Aged		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) E. c. (Last) Sigler			4. DATE OF DEATH (Month) (Day) (Year) June 30, 1952
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed <input checked="" type="checkbox"/>	8. DATE OF BIRTH Feb. 19, 1878
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 4	IF UNDER 12 HRS. Hours 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) W CTU Organizer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Worthington, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S. A.		13a. FATHER'S NAME Edward Swartzbaugh	
13b. MOTHER'S MAIDEN NAME Mary Rooney		14. NAME OF HUSBAND OR WIFE Charles L. Sigler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Methodist Home		ADDRESS Marionville 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage infarct INTERVAL BETWEEN ONSET AND DEATH about 8 years ANTECEDENT CAUSES DUE TO (b) Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. senile paraplegia	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X		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 <u>Dec 1</u> , 19 <u>49</u> , to <u>June 30</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>June 30</u> , 19 <u>52</u> , and that death occurred at <u>6</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE Stella L. Dodd M.D.		23b. ADDRESS Marionville, Mo	23c. DATE SIGNED 7/1/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 1, 1952	24c. NAME OF CEMETERY OR CREMATORY New Carlisle Cemetery	24d. LOCATION (City, town, or county) (State) New Carlisle, Ohio
DATE REC'D BY LOCAL REG. July 3, 1952	REGISTRAR'S SIGNATURE Oran Mc Watt	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Curridge Marionville, Mo.	

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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 Herman Turridge

Licensed Embalmer No. 3072

P. O. Address Marionville, 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.