

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2040**

FILED FEB 24 1953

BIRTH NO. _____		REG. DIST. NO. <b>267</b>		PRIMARY REG. DIST. NO. <b>2049</b>		Registrar's No. <b>27</b>	
1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>Pemiscot</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hart, Mo</b>		c. LENGTH OF STAY (In this place) <b>2 hrs. 15 MIN.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cooter</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pemiscot Memorial Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Harold</b> b. (Middle) <b>Junior</b> c. (Last) <b>Sigler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 12 1953</b>				
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>		8. DATE OF BIRTH <b>Nov. 1, 1948</b>	
9. AGE (In years last birthday) <b>4</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>1</b>		IF UNDER 21 HRS. Hours <b>1</b> Min. <b>0</b>		11. BIRTHPLACE (State or foreign country) <b>Blytheville, Ark</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life) <b>Child</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Blytheville, Ark</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Harold Sigler</b>			13b. MOTHER'S MAIDEN NAME <b>Inez Massess</b>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Harold Sigler - Cooter Mo.</b> ADDRESS _____			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Questionable - child brought into Emergency Room with Convulsive Seizures - Probable meningel infection - fulminating</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Questionable</b> DUE TO (c) <b>Questionable</b> II. OTHER SIGNIFICANT CONDITIONS <b>Death occurred 15-30 min following arrival at hospital.</b> Conditions contributing to the death but not related to the disease or condition causing death. _____					INTERVAL BETWEEN ONSET AND DEATH <b>History - only a few hours</b>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>No operation</b>				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) <b>3403</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 <b>2/12/53, 1953</b> , to <b>2/12, 1953</b> , that I last saw the deceased alive on <b>2/12, 1953</b> , and that death occurred at <b>9:40 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Woodrow McEsteb, M.D.</b>				23b. ADDRESS <b>Hart, Missouri</b>		23c. DATE SIGNED <b>2-13-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-13-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Cemetery</b>		24d. LOCATION (City, town, or county) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>2-18-53</b>		REGISTRAR'S SIGNATURE <b>John H. Gersmeyer</b>		406 - PUNERAL DIRECTOR'S SIGNATURE <b>Gersmeyer</b>		ADDRESS <b>St. Louis, Mo.</b>	

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

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2-67-53

PEL. SCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

FEB 20 1953

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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.

Signed \_\_\_\_\_  
Student Embalmer

Signed

*John H. German*

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.