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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16859

FILED MAY 12 1953

6225

Registrar's No. 88

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>88</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wash. Township</u>		c. LENGTH OF STAY (In this place) <u>1 mo 22 d.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hume</u>		<u>0070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital 3 Nevada Mo</u>				d. STREET ADDRESS (If rural, give location) <u>rural</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JEFF</u>		b. (Middle) <u>- M -</u>		c. (Last) <u>SIEG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 7, 1953</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Dec 10, 1894</u>	9. AGE (In years last birthday) <u>58</u>	10. MONTHS <u>3</u>	11. DAYS <u>28</u>	12. HOURS <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>f. grocer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bates Co - Mo - U</u>		12. CITIZEN OF WHAT COUNTRY? <u>U - Ia</u>	
13a. FATHER'S NAME <u>Homer Sieg</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Transburger</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hosp 3 Nevada 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>Cerebral Hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>					
		DUE TO (c) <u>331XB</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Luetic meningitis encephalitis</u>					
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) (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 <u>March 16, 1953</u> , to <u>May 7, 1953</u> , that I last saw the deceased alive on <u>May 7, 1953</u> and that death occurred at <u>9:25 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul L. Barone M.D.</u>				23b. ADDRESS <u>State Hosp 3 Nevada Mo</u>		23c. DATE SIGNED <u>May 7/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 16 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>RICH HILL MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>5-9-53</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry &amp; Sons Funeral Serv. Rich Hill, Mo.</u>					

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

JUN 2 1967

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 John S. Underwood,

Licensed Embalmer No. 3585

P. O. Address Butler, 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.