

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **25994**
Registrar's No. **388**

FILED AUG 7-1953

BIRTH NO. _____ REG. DIST. NO. **301** PRIMARY REG. DIST. NO. **4450** Registrar's No. **388**

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| 1. PLACE OF DEATH a. COUNTY Ripley | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ripley | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Doniphan | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Doniphan | |
| c. LENGTH OF STAY (in this place) 8 days | | d. STREET ADDRESS (If rural, give location) 308 Locust St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Marie b. (Middle) Doherty c. (Last) Sigler | | | 4. DATE OF DEATH (Month) (Day) (Year) July 29, 1953 | | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH March 24-1896 | 9. AGE (In years last birthday) 57 | 10. IF UNDER 1 YEAR Months 4 Days 5 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) schoolteacher | | 10b. KIND OF BUSINESS OR INDUSTRY Teaching | 11. BIRTHPLACE (City and State or Foreign Country) Ponder, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA |

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| 13a. FATHER'S NAME T. J. Doherty | 13b. MOTHER'S MAIDEN NAME Unknown Geo-Brooks | 14. NAME OF HUSBAND OR WIFE E. B. Sigler |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 486-20-0381 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS E. B. Sigler Jr. Longview, Texas |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 3 days |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac disease (valvular) | | 6 years |
| DUE TO (c) | | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4214 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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 July 22, 1953, to July 29, 1953, that I last saw the deceased alive on July 29, 1953, and that death occurred at 2:20 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Frank Johnson M.D. | 23b. ADDRESS Doniphan Mo | 23c. DATE SIGNED 7/30/53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 7/31/1953 | 24c. NAME OF CEMETERY OR CREMATORIA Poplar Bluff Cem | 24d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri |
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| DATE REC'D BY LOCAL REG. 8-4-53 | REGISTRAR'S SIGNATURE E. B. Sigler | 25. FUNERAL DIRECTOR'S SIGNATURE Black-Edwards | ADDRESS Doniphan, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Gene St Laurent

Licensed Embalmer No. *4809*

P. O. Address *Moniphan, T*

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.