

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32006

State File No.

FILED OCT 15 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4572

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>50 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.C. Convalescent Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>3606 Lexington</u> <u>3098</u>	
3. NAME OF DECEASED a. (First) <u>CHARLES</u> b. (Middle) <u>M.</u> c. (Last) <u>SIEVERT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 18 - 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 26 - 1890</u>
9. AGE (In years, if under 1 year last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. <u>82</u> - - - - -		11. BIRTHPLACE (City and State or Foreign Country) <u>Longer Field New York</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Sievert</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Alice Sievert</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C.E. Dahlstrom 1525 E. 48th</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>45°</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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>1-1-53</u> 19<u>53</u>, to <u>9-18-53</u> 19<u>53</u>, that I last saw the deceased alive on <u>9-18-53</u>, 19<u>53</u> and that death occurred at <u>3209th</u> m., from the causes and on the date stated above. 			
23a. SIGNATURE Frank Paul Laurencey (Degree or title) <u>Frank Paul Laurencey</u>		23b. ADDRESS <u>428 South White Ave</u>	
23c. DATE SIGNED <u>9-18-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>Sept 21 - 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery K.C. Missouri</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>9-21-53</u>		REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C.E. Blackman</u>		ADDRESS <u>San Francisco</u>	

(Licensed Embalmer's Statement on Reverse Side)

K.C. Mo.

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.....
Signature of Student Embalmer

Signed *W.C. Rinne*.....

Licensed Embalmer No. *4879*

P. O. Address *K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above..