

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **45567**  
Registrar's No. **12380**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>45567</b>		Registrar's No. <b>12380</b>			
1. PLACE OF DEATH a. COUNTY <b>0</b>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ripley</b>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			c. LENGTH OF STAY (In this place) <b>21 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Doniphan</b>			<b>0910</b>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Barnard Free Skin &amp; Cancer Hosp.</b>					d. STREET ADDRESS (If rural, give location) <b>R.R. # 2</b>						
3. NAME OF DECEASED (Type or Print) a. (First) <b>Etta</b>			b. (Middle) <b>Lee</b>		c. (Last) <b>Siegler</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12 29 1953</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>7-6-1924</b>		9. AGE (In years last birthday) <b>29</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
13a. FATHER'S NAME <b>Prince Brooks</b>			13b. MOTHER'S MAIDEN NAME <b>Alice Edmonds</b>			14. NAME OF HUSBAND OR WIFE <b>Johnny Siegler</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Hospital Record - Barnard Hospital</b>							
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					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ADENOCARCINOMA OF STOMACH WITH METASTASIS</b>					ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  DUE TO (c) <b>INANITION</b>						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								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? <b>151X</b>						
22. I hereby certify that I attended the deceased from <b>Nov 27, 1953</b> , to <b>Dec 29, 1953</b> , that I last saw the deceased alive on <b>Dec 29, 1953</b> , and that death occurred at <b>4:30 a.m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>John J. Donald</b>				(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>3427 Washington-St. Louis, Mo.</b>			23c. DATE SIGNED <b>12-29-53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-29-53</b>		24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State) <b>Doniphan, Missouri.</b>				
DATE REC'D BY LOCAL REG. <b>DEC 31 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe 4700 Washington.</b>						

E.O. (Licensed Embalmer's Statement on Reverse Side)

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

FEB 8

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *J. Wm Bentley*

Licensed Embalmer No. *3657*

P. O. Address *St. Louis 8*

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.