

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3951

State File No. ....

FILED MAR 1 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARSAW</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles 0710</u>	
c. LENGTH OF STAY (in this place) <u>Months</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u>	b. (Middle) <u>C.</u>	c. (Last) <u>SIEGEL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 19 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>JUNE 5, 1869</u>	9. AGE (In years last birthday) <u>84</u>	if UNDER 1 YEAR Months <u>8</u> Days <u>14</u>	if UNDER 24 HRS. Hours <u>14</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Stockman</u>	11. BIRTHPLACE (State or foreign country) <u>Morgan Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Peter Siegel</u>	13b. MOTHER'S MAIDEN NAME <u>Sally unknown</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Louis Siegel</u>	ADDRESS <u>Versailles, Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>24 Hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		Interval between onset and death <u>unk.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan, 1952, to 19 Feb, 1954, that I last saw the deceased alive on 18 Feb, 1954, and that death occurred at 8 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold H. Helm M.D.</u>	23b. ADDRESS <u>Warsaw Mo</u>	23c. DATE SIGNED <u>Feb 20, 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB 21, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Versailles Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Versailles Morgan Co. MO</u>
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DATE REC'D BY LOCAL REG. <u>Feb 21 1954</u>	REGISTRAR'S SIGNATURE <u>John A. Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kidwell Funeral Home</u>	ADDRESS <u>Versailles</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Student .....  
Student Embalmer

Signed *John F. Reser* .....

Licensed Embalmer No. *4098* .....

P. O. Address *Warsaw* .....

**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.