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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34930

State File No.

FILED OCT 19 1954

BIRTH NO. 72006-54 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ft. Leonard Wood		c. CITY OR TOWN Ft. Leonard Wood	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 4 Days		e. STREET ADDRESS (If rural, give location) U.S. Army Hospital	
d. FULL NAME OF HOSPITAL OR INSTITUTION U.S. Army Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Dean c. (Last) Siecke			4. DATE OF DEATH (Month) (Day) (Year) October 10 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	
8. DATE OF BIRTH Oct. 6, 1954		9. AGE (In years last birthday) 4		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Daryl E. Siecke		13b. MOTHER'S MAIDEN NAME Barbara J. Cusimano		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME L.A. WHITE, CAPT., MSC	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) -		ADDRESS US Army Hospital Ft. Leonard Wood, Mo			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure & Pulmonary edema		DUE TO (b) Sclerema- neonatorum			1 hr.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			4 days
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 checked="" 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)		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 10 Oct 1954, to 10 Oct 1954, that I last saw the deceased alive on 10 Oct 1954, and that death occurred at 7:45 pm., from the causes and on the date stated above.

23a. SIGNATURE Donald G. Landale, Capt., MC (Degree or title) MD		23b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri		23c. DATE SIGNED 11 Oct. 54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12 Oct 54		24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery Holden	
24d. LOCATION (City, town, or county) Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Conrad Anderson Holden Funeral Home Crocker Mo			
DATE REC'D BY LOCAL REG. 10-12-54		REGISTRAR'S SIGNATURE Paula Grace Anderson			

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

(Signed Embalmer's Statement on Reverse Side)

Date Filed 10-16-54

File Number

Furber County Health Officer

RECEIVED 10-12-54

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 Clarence J. Moore

Licensed Embalmer No. 4896

P. O. Address W. Jefferson

*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.