

FILED JAN 3 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41214**
5669

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 73 yrs.	c. CITY OR TOWN Kansas City
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4281 Pennsylvania		STREET ADDRESS (If rural, give location) 4281 Pennsylvania	

3. NAME OF DECEASED (Type or Print)	a. (First) CHARLES	b. (Middle) PETER	c. (Last) SIEBENTHALER	4. DATE OF DEATH (Month) (Day) (Year) December 10, 1954
-------------------------------------	---------------------------	--------------------------	-------------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 18, 1874	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
--------------------	-------------------------------	---	---------------------------------------	---	------------------------	----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Badger Lumber Company	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Decatur County, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	-----------------------------------	--	--

13a. FATHER'S NAME Henry Siebenthaler	13b. MOTHER'S MAIDEN NAME Mary N. Hubler	14. NAME OF HUSBAND OR WIFE Carrie Mabel Siebenthaler
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 486-03-5400A	17. INFORMANT'S SIGNATURE OR NAME Sam H. Siebenthaler	ADDRESS 4021 Main St. K.C., Mo.
--	---	--	--

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 Days yes yes 331
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Arteriosclerotic Heart Disease Congestive failure		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. 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) 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 2-27, 1953, to 12-10, 1954, that I last saw the deceased alive on 12-10, 1954, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE V B Ballard (Degree or title) MD	23b. ADDRESS 411 Nichols Rd	23c. DATE SIGNED 12-10-54
---	------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec. 12, 1954	24c. NAME OF CEMETERY OR CREMATORY Hillsdale Cemetery	24d. LOCATION (City, town, or county) (State) Hillsdale, Kansas.
--	--------------------------------	--	---

DATE REC'D BY LOCAL REG. 12-10-54	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE FREEMAN MORTUARY & CHAPEL	ADDRESS K.C., Mo.
--	--	---	--------------------------

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

Olga June Cook
4117 Nicholas Rd.
WA. 43550
After 2 P.M. Friday
4-5-20

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 *Clayton K. Barnea*.....

Licensed Embalmer No. *479*.....
P. O. Address *K.C. 7*.....

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.