

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41898**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **270** PRIMARY REG. DIST. NO. **5709** Registrar's No. **8**

780  
3

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

1. PLACE OF DEATH: a. COUNTY <b>Demassat</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Demassat</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Little Grove twp</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>0780</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Chester</b> b. (Middle) <b>M</b> c. (Last) <b>Seigler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-24-54</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>4-15-1920</b>		9. AGE (In years last birthday) <b>34</b> IF UNDER 1 YEAR Months <b>8</b> Days <b>9</b> IF UNDER 24 HRS. Hours <b>9</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Demassat Mo</b>	
12a. FATHER'S NAME <b>Joe Seigler</b>			13b. MOTHER'S MAIDEN NAME <b>Clara Brook</b>		14. NAME OF HUSBAND OR WIFE <b>Marietta Seigler</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Marietta Seigler Coats twp</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Car Wreck - Crushed head left side</b>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Car Wreck - Crushed head left side</b>			
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b)			
		DUE TO (c)			
		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) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 61</b>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Demassat Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>12-24-54 3:45<sup>pm</sup></b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Car wreck</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John W. German</b>		23b. ADDRESS <b>Stagti Mo</b>		23c. DATE SIGNED <b>12-25-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-27-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Brooks</b>	
24d. LOCATION (City, town, or county) (State) <b>Demassat Mo</b>					

DATE REC'D BY LOCAL REG. <b>Jan 5, 1955</b>		REGISTRAR'S SIGNATURE <b>Fessie B. Wilkin</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>German and Co. Stagti Mo</b>	
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1-5-55

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

JAN 7 1955

JAN 10 1955

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.

Signed.....  
Student Embalmer

Signed John A. German  
Student Embalmer No. ....

Licensed Embalmer No. 4355

P. O. Address Hayti, 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 this body is not embalmed, fact should be so stated above.