

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **780**

FILED FEB 3 - 1955

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 5443 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u> 1		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>GASCONADE</u>	
b. CITY OR TOWN <u>RURAL-ROARK TWP</u> c. LENGTH OF STAY (in this place) <u>13 yrs</u>		c. CITY OR TOWN <u>RURAL ROARK TWP 0360</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/8 mi. S. of Hermann</u>		d. STREET ADDRESS (If rural, give location) <u>1/8 mi. South of Hermann</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>CARL</u> c. (Last) <u>SICHT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 14 1955</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>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 7-1888</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <input checked="" type="checkbox"/> Days <input checked="" type="checkbox"/>	IF UNDER 24 HRS. Hours <input checked="" type="checkbox"/> Min. <input checked="" type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILWAY WORK</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>HERMANN RFD Mo 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>US.</u>
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13a. FATHER'S NAME <u>Henry Sicht</u>	13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Schultz</u>	14. NAME OF HUSBAND OR WIFE <u>MARtha Sicht</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>-</u>	16. SOCIAL SECURITY NO. <u>702-18-1594</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Martha Sicht Hermann Mo</u> ADDRESS <u>Hermann 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, 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) <u>Coronary Occlusion</u>		<u>5-10 min.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>30 yrs.</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</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)	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 1951, to Dec 15, 1954, that I last saw the deceased alive on Dec 15, 1954, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John Bryan M.D.</u> (Degree or title)	23b. ADDRESS <u>Hermann Mo</u>	23c. DATE SIGNED <u>1-15-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-17-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hermann City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hermann Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-17-55</u>	REGISTRAR'S SIGNATURE <u>Delma Becker</u> 492	FUNERAL DIRECTOR'S SIGNATURE <u>August Blum</u> ADDRESS <u>Hermann Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 16 1958

STATEMENT BY LICENSED EMBALMER

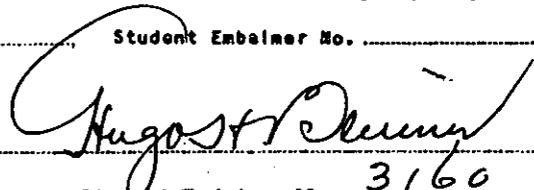
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 3160

P. O. Address Hermann, 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.