

FILED MAR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7466

State File No.

Registrar's No. 63BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>		b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY OR TOWN <u>Stanton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>24 days</u>		e. STREET ADDRESS (If rural, give location) <u>0360</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>State Hospital #1</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u>			b. (Middle)			c. (Last) <u>Siebenthal</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 19 1955</u>				
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>unknown</u>		9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>unknown</u>				13b. MOTHER'S MAIDEN NAME <u>unknown</u>				14. NAME OF HUSBAND OR WIFE <u>unknown</u>					
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 ADDRESS <u>State Hospital Records, Fulton, Mo.</u>							

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) <u>Cerebral Hemorrhage</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Arteriosclerosis</u>									
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) <u>331 X</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Feb 22, 1955, to Mar 18, 1955, that I last saw the deceased alive on Mar 18, 1955, and that death occurred at 12:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. J. Weller, M.D.</u> (Degree or title)			23b. ADDRESS <u>State Hospital, Fulton, Mo.</u>			23c. DATE SIGNED <u>3/19/55</u>		
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/21-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>State Hosp No 1</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton, Mo</u>		
DATE REC'D BY LOCAL REG. <u>Mar 21-1955</u>		REGISTRAR'S SIGNATURE <u>Margaret Lawrence</u>		426-01		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.C. Wicks Fulton Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.