

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2654

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) Kansas City		c. LENGTH OF STAY (in this place) 60 yrs.	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION Armour Home		STREET ADDRESS (If rural, give location) 8100 Wornall Road	

3. NAME OF DECEASED (Type or Print) MARCIA	a. (First)	b. (Middle)	c. (Last) SIEBEN	4. DATE OF DEATH June 21, 1955
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH Oct. 8, 1876	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) Indiana	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Caleb Rubottom	13b. MOTHER'S MAIDEN NAME Sarah Frances Buck	14. NAME OF HUSBAND OR WIFE Henry Sieben
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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. none	17. INFORMANT'S SIGNATURE OR NAME Elizabeth R. Schreiber, Armour Home, K.C.Mo	ADDRESS
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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, asthenia, 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) Myocardia / Infarction		22 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c)		4 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Edema			4201
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)	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 Feb 1, 1952, to 6-21, 1955, that I last saw the deceased alive on 6-21, 1955, and that death occurred at 9:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE Chester E. Lee	(Degree or title) MD	23b. ADDRESS 174 Plaza Time Bldg K.C.Mo	23c. DATE SIGNED 6-21-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 6-24-55	24c. NAME OF CEMETERY OR CREMATORY Newcomer's Crematory	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 6-21-55	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.	ADDRESS K.C.MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Andersson
174 Pleasant Hill Rd.

Eff: 9:50

Je 2116

after 11:00

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 *J. S. Walton*

Licensed Embalmer No. *2741*

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.