

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28611

State File No.

FILED SEP 13 1955

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

BIRTH NO.		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>167</u>		
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		c. LENGTH OF STAY (in this place) <u>1 month</u>		c. CITY OR TOWN <u>Sweet Springs</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>571 South Davis</u>				e. STREET ADDRESS (If rural, give location) <u>Rural route No. 3.</u> <u>0970</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u>			b. (Middle) <u>Sigman</u>		c. (Last) <u>Anderson</u>			
4. DATE OF DEATH <u>Sept. 4th, 1955</u>			5. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>			8. DATE OF BIRTH <u>March 14, 1880</u>			9. AGE (In years last birthday) <u>75</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan county, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>John Sigman</u>			13b. MOTHER'S MAIDEN NAME <u>Emily Morrison</u>		
14. NAME OF HUSBAND OR WIFE			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs J.D. Hunter, Marshall, Mo.</u>			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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatous</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary Carcinoma of breast</u> DUE TO (c) <u>Hypertensive Cardiovascular disease, decompensated</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>6 yrs</u> <u>2 yrs</u>		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>170 X</u>			20. AUTOPSY? YES ☐ NO ☒		
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) (Min.)			21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐			21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>Aug 6, 1955</u> to <u>Sept 4, 1955</u> , that I last saw the deceased alive on <u>Sept 2, 1955</u> , and that death occurred at <u>4-30P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Wm. E. Reiche M.D.</u> (Degree or title)			23b. ADDRESS <u>Marshall, Mo.</u>			23c. DATE SIGNED <u>Sept 6, 1955</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>Sept. 6, 1955</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Gardens, Marshall, Mo.</u>		
24d. LOCATION (City, town, or county) (State)			DATE REC'D BY LOCAL REG. <u>Sept 6-55</u>			REGISTRAR'S SIGNATURE <u>Cecil G. Read</u> <u>385-0</u>		
FUNERAL DIRECTOR'S SIGNATURE <u>Campbell-Lewis</u> ADDRESS <u>Marshall, Mo.</u>			FURNAL DIRECTOR'S SIGNATURE			ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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..... *James H. Lewis*.....

Licensed Embalmer No. *470*.....

P. O. Address *Marshall*.....

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.