

FILED JUN 8 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15975

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 5424 Registrar's No. 100

|                                                                                                    |  |                                                                                                                                            |  |
|----------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>DUNKLIN</b>                                                      |  | 2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>DUNKLIN</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>RURAL UNION</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>RURAL UNION</b>                                         |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3 Miles S. E. Glennonville</b>                          |  | c. LENGTH OF STAY (in this place) <b>60 Yrs.</b>                                                                                           |  |
|                                                                                                    |  | d. STREET ADDRESS (If rural, give location)<br><b>3 MILES S. E. GLENNONVILLE</b>                                                           |  |

|                                                                                                                    |                               |                                                                                                             |                                                                            |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>GEORGE</b> b. (Middle) <b>JOSEPH</b> c. (Last) <b>SIEBERT</b> |                               | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>MAY 22 1956</b>                                                 |                                                                            |
| 5. SEX <b>MALE</b>                                                                                                 | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>                                       | 8. DATE OF BIRTH <b>9-26-1887</b>                                          |
| 9. AGE (In years last birthday) <b>68</b>                                                                          |                               | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>FARMER</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>LAWRENCETON, MO.</b> |
| 10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>                                                                   |                               | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>                                                                  |                                                                            |

|                                                                                                                       |                                                     |                                                                                |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------|
| 13a. FATHER'S NAME<br><b>GEORGE SIEBERT</b>                                                                           | 13b. MOTHER'S MAIDEN NAME<br><b>MARGARETE JACOB</b> | 14. NAME OF HUSBAND OR WIFE<br><b>OLGA MEYER SIEBERT</b>                       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b> | 16. SOCIAL SECURITY NO.<br><b>UNKNOWN</b>           | 17. INFORMANT'S SIGNATURE OR NAME<br><b>OLGA SIEBERT, ROUTE 1 CAMPBELL MO.</b> |

|                                                                                                                                                                                                                               |                                                                                                                                                                          |  |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br><b>2</b> |
|                                                                                                                                                                                                                               | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>                                                                                      |  |                                              |
|                                                                                                                                                                                                                               | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |                                              |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                                                                           |                                                                                                                                                                          |  |                                              |

|                                                    |                                                                                                        |                                                                          |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 19a. DATE OF OPERATION                             | 19b. MAJOR FINDINGS OF OPERATION<br><b>4201</b>                                                        | 20. AUTOPSY?<br>YES <input 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)                          |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 4-14-1954 to 5-16-1956, that I last saw the deceased alive on 5-16-1956, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

|                                                                    |                                    |                                                         |
|--------------------------------------------------------------------|------------------------------------|---------------------------------------------------------|
| 23a. SIGNATURE (Degree or title)<br><b>C. J. [Signature] M. D.</b> | 23b. ADDRESS<br><b>MALDEN, MO.</b> | 23c. DATE SIGNED<br><b>5/29/56</b>                      |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>         | 24b. DATE<br><b>5-24-56</b>        | 24c. NAME OF CEMETERY OR CREMATORY<br><b>ST. TERESA</b> |
| 24d. LOCATION (City, town, or county)<br><b>GLENNONVILLE, MO.</b>  |                                    | (State)                                                 |

|                                            |                                                  |                                                             |                               |
|--------------------------------------------|--------------------------------------------------|-------------------------------------------------------------|-------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>5/30/56</b> | REGISTRAR'S SIGNATURE<br><b>Mrs. [Signature]</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>DAY FUNERAL HOME</b> | ADDRESS<br><b>MALDEN, MO.</b> |
|--------------------------------------------|--------------------------------------------------|-------------------------------------------------------------|-------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DJINKLIN COUNTY HEALTH

DEPARTMENT 6-5-52

COUNTY FILE NUMBER 652-325

**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

*J. D. Schauer*

Licensed Embalmer No. 4086

P. O. Address Indleymon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.