

FILED JUN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5590 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Big River</u>		c. LENGTH OF STAY (In this place) <u>5 Yrs.</u>		c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>R. R. #1, Hillsboro, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>R. R. #1, Hillsboro, Mo.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Winnie</u> b. (Middle) <u>Ethel</u> c. (Last) <u>Siebels</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-3-56</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 27, 1891</u>		9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Thomas M. Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Maness</u>		14. NAME OF HUSBAND OR WIFE <u>Emil E. Siebels</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E. E. Siebels, RFD #1, Hillsboro, M.</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, assthenia, 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>Carcinoma of stomach with metastases to liver</u>				DUE TO (b) _____				<u>6 months</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Diabetes mellitus, moderate. 6 years.</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151x</u>				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) (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 <u>Jan</u> , 19 <u>56</u> , to <u>May 3</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>May 1</u> , 19 <u>56</u> , and that death occurred at <u>3:50 p.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Thomas A. Donnell, M.D.</u>				23b. ADDRESS <u>De Soto, Mo.</u>		23c. DATE SIGNED <u>5-4-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-6-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ware</u>		24d. LOCATION (City, town, or county) (State) <u>Ware, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-8-56</u>		REGISTRAR'S SIGNATURE <u>Kathleen Marsden</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Lee Mothershead, De Soto, Mo.</u>				

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

STANDARD CERTIFICATE OF DEATH
THE BOARD OF HEALTH OF MISSOURI

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAY 22 1956

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.....
John W. Wetherhead

Licensed Embalmer No. 353
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.