

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26249**

FILED AUG 27 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **389**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: admission before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Cape Girardeau, Meriwether</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Cape Girardeau</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>S.E.M.O. Hospital / Week</b>		d. STREET ADDRESS (If rural, give location) <b>807 W. Rodney Dr.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Albert</b>	b. (Middle) <b>M.</b>	c. (Last) <b>Siemens</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 21 1956</b>
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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>April 7 1897</b>	9. AGE (In years last birthday) <b>59</b>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 100 Hrs. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>farmer (Retired)</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Gordaville Mo - Rural -</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Siemens</b>	13b. MOTHER'S MAIDEN NAME <b>Minnie Rose</b>	14. NAME OF HUSBAND OR WIFE <b>Alma</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way and dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>500-38-7654</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Alma Siemens</b>	ADDRESS <b>807 W. Rodney Cape Girardeau</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 months</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	<b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **3-28 1949**, to **8-21 1956**, that I last saw the deceased alive on **Aug 20 1956**, and that death occurred at **6:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E.F. McDonald, M.D.</b>	(Degree or title) c. 23b. ADDRESS <b>Guthrie, Mo.</b>	23c. DATE SIGNED <b>8-22-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 23 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Zion Lutheran</b>	24d. LOCATION (City, town, or county) (State) <b>Gordaville Cape Gir. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>8-23-56</b>	REGISTRAR'S SIGNATURE <b>W. C. Summers</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ford &amp; Sons</b>	ADDRESS <b>Funeral Home Cape Gir. Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

44-6

JUG 27 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 \_\_\_\_\_  
Student Embalmer

Signed William E. Freese

Licensed Embalmer No. 4733

P. O. Address Cape Girardeau 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 this body is not embalmed, fact should be so stated above.