

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 20 1956

State File No. 26690

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 247

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Lattayette	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Clinton	c. LENGTH OF STAY (in this place) 2 days	c. CITY OR TOWN Higginsville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION NETZEL Hospital		• STREET ADDRESS (If rural, give location) 301 W. 20th 0541	

3. NAME OF DECEASED (Type or Print) a. (First) FRED b. (Middle) — c. (Last) SIEGFRIED			4. DATE OF DEATH (Month) (Day) (Year) 8-6-56		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 3-7-78	9. AGE (to years last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal miner		10b. KIND OF BUSINESS OR INDUSTRY Coal Mines		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Wm Henry Siegfried		13b. MOTHER'S MAIDEN NAME ANNA FOX		14. NAME OF HUSBAND OR WIFE Lilly Siegfried	
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. 495-05-9630		17. INFORMANT'S SIGNATURE OR NAME. ADDRESS Hospital Record	

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 36 HR
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PERITONITIS		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Mesenteric thrombosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio Sclerosis generalized		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)	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 Aug 5, 1956, to Aug 6, 1956, that I last saw the deceased alive on Aug 6, 1956 and that death occurred at 10 PM m., from the causes and on the date stated above.

23a. SIGNATURE Geo S Wertz (Degree or title)		23b. ADDRESS 100 2 Clinton, Mo.		23c. DATE SIGNED Aug 6-56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8-8-56	24c. NAME OF CEMETERY OR CREMATORY CITY	24d. LOCATION (City, town, or county) (State) Higginsville, MO.	

DATE REC'D BY LOCAL REG. 8-13-56	REGISTRAR'S SIGNATURE Mildred Bigum	25. FUNERAL DIRECTOR'S SIGNATURE Forest A. Hoyle	ADDRESS Higginsville
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Handwritten text, possibly "MAY 1914"

Handwritten text, possibly "HARDY"

Handwritten text, possibly "HARDY"

Handwritten text, possibly "1914"

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 *W. D. Fairbank*

Licensed Embalmer No. 3778

P. O. Address *Clinton*

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.