

FILED OCT 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33614

STATE FILE NUMBER

Registration District No. 120

Primary Registration District No. 5-444

Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural - Athens Twp.</u>		Inside Limits Yes ☐ No ☒		c. CITY OR TOWN <u>rural</u>		Inside Limits Yes ☐ No ☒			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in lb <u>lifetime</u>		d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Etta</u> Last <u>Siddens</u>				4. DATE OF DEATH Month <u>Oct</u> Day <u>21</u> Year <u>1956</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED ☐ NEVER MARRIED ☐ <u>WIDOWED</u> ☒ DIVORCED ☐		8. DATE OF BIRTH <u>April 21, 1863</u>		9. AGE (In years last birthday) <u>93</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and state or country) <u>Gentry County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13. FATHER'S NAME <u>Frank Severson</u>				14. MOTHER'S MAIDEN NAME <u>Nancy Dills</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 <u>Ruby Siddens</u>		Address <u>Albany, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio-sclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>broken hip</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								INTERVAL BETWEEN ONSET AND DEATH <u>years - 2 mos.</u>	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)							
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Albany</u>		COUNTY <u>Gentry</u>		STATE <u>Mo.</u>	
21. I attended the deceased from <u>Sept 56</u> to <u>10-21-56</u> and last saw her alive on <u>10-20-56</u> Death occurred at <u>2:10</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Frank A. Rose M.D.</u>				22b. ADDRESS <u>Albany, Mo.</u>				22c. DATE SIGNED <u>10-22-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>Oct 25, 56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Henton</u>		23d. LOCATION (City, town, or county) <u>Gentry Co.</u>		(State) <u>Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Clifford Brooks Albany, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Oct 23-56</u>		26. REGISTRAR'S SIGNATURE <u>Maudie Williams</u>			

(Licensed Embolmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

462-0

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 me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Donald E. Coehelf.....

Licensed Embalmer No. 486

P. O. Address Albany, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.