

FILED DEC 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38509**

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>5577</u>		Registrar's No. <u>160</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waco - Jasper Township</u>			c. LENGTH OF STAY (in this place) <u>65 Years</u>		c. CITY OR TOWN <u>Waco</u>		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 <u>7 Miles N.W. Carl Junction, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>7 Miles N.W. Carl Junction, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LESTER</u> b. (Middle) <u>O.</u> c. (Last) <u>SIGARS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-20-1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>6-11-1891</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service Station</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Service Station</u>		9. AGE (in years last birthday) <u>65</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Waco, Missouri</u>		13. FATHER'S NAME <u>Elza Sigars</u>					
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Augusta Goodenough</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl (Lortz) Sigars</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>187-22-1362</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Sigars, Waco, Mo.</u> ADDRESS _____			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Medullary Failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Occlusion</u> DUE TO (c) <u>Arterio-sclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH  <u>Old.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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? <u>4201</u>					
22. I hereby certify that I attended the deceased from <u>December, 1953</u> , to <u>Nov. 20, 1956</u> , that I last saw the deceased alive on <u>Sept 21, 1956</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D. O.</u>				23b. ADDRESS <u>Carl Junction, Mo.</u>		23c. DATE SIGNED <u>11/24/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-24-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Waco Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Waco, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-25-56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Carl Jct., Mo.</u>	

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

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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 *Harry E. Clune*

Licensed Embalmer No. 446-

P. O. Address *West City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.