

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5538

STATE FILE NUMBER

FILED MAR 11 1957

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hannibal</u>		c. CITY OR TOWN <u>New Canton</u> <u>0820</u> <u>0</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u> Length of stay in lb <u>27 days</u>		d. STREET ADDRESS (If outside, give location) <u></u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last
EDWRAD C SIGLER

4. DATE OF DEATH February 27, 1957
Month February Day 27 Year 1957

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH September 15, 1893
WIDOWED / DIVORCED 9. AGE (In years last birthday) 63

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) New Canton Illinois 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Joseph Sigler 14. MOTHER'S MAIDEN NAME Lillian Foote

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW1 16. SOCIAL SECURITY NO. 335 32 8327 17. INFORMANT Mrs. Fidella Sigler Address New Canton Illinois

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic valvular heart disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4214

19. WAS AUTOPSY PERFORMED? YES NO

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 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 COUNTY STATE

21. I attended the deceased from 2-6-56 to 2-27-57 and last saw her/him alive on 2-27-57
Death occurred at 5:30 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS M.D. 100 N. Sixth, Hannibal, Mo. 22c. DATE SIGNED 3-1-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE March 1, 1957 23c. NAME OF CEMETERY OR CREMATORY, Park Lawn Cemetery 23d. LOCATION (City, town, or county) (State) Barry Illinois

24. FUNERAL DIRECTOR [Signature] ADDRESS Hannibal Missouri 25. DATE RECD. BY LOCAL REG. 3-6-57 26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be inscribed.

RECEIVED MAR 7 1957
MARION CO. HEALTH DEPT.
DATE FILED MAR 7 1957

SEP 19 1958

SEP 17 1958

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 *H. Crawford Smith*

Licensed Embalmer No. 38

P. O. Address Hannibal, Mo.

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