

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27934

State File No. _____

FILED SEP 5 1957

BIRTH NO. _____ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 5424 Registrar's No. 155

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DUNKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GLENNONVILLIE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GLENNONVILLIE	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Union Township		d. STREET ADDRESS (If rural, give location) Union Township	
3. NAME OF DECEASED (Type or Print) a. (First) LAWRENCE b. (Middle) JOHN c. (Last) SIEBERT			4. DATE OF DEATH (Month) (Day) (Year) AUGUST 23, 1957
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2-12-1899
9. AGE (In years less birthday) 58		10. UNDER 1 YEAR 6 MONTHS 11 DAYS	11. HOURS 0 MIN. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMER	12. CITIZEN OF WHAT COUNTRY U.S.A.
11. BIRTHPLACE (State or foreign country) STE. GENEVIEVE, Mo.			
13a. FATHER'S NAME GEORGE SIEBERT		13b. MOTHER'S MAIDEN NAME MARGARET JACOB	14. NAME OF HUSBAND OR WIFE LENA SIEBERT
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. 497-16-4743	17. INFORMANT'S SIGNATURE OR NAME ADDRESS LENA SIEBERT, CAMPBELL, MO. ROUTE 1
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION Engine Peatours INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		DUE TO (b) _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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)	4202
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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. 12, 1957, to Aug. 23, 1957 , that I last saw the deceased alive on Aug. 21, 1957 , and that death occurred at 12:30 PM from the causes and on the date stated above.			
23a. SIGNATURE (Of declarant) [Signature]		23b. ADDRESS Malden, Missouri	23c. DATE SIGNED 8-24-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-26-1957	24c. NAME OF CEMETERY OR CREMATORY St. Teresa	24d. LOCATION (City, town, or county) (State) GLENNONVILLE, MISSOURI
DATE REC'D BY LOCAL REG. 8/24/57	REGISTRAR'S SIGNATURE Mrs. Lura Campbell	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Day Funeral Home, Malden, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNBAR COUNTY

DEPARTMENT 9/5/5

COUNTY FILE NUMBER 952

SEP 11 1957

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:

J. J. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden

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.