

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2368

STATE FILE NUMBER

FILED JAN 15 1958

Registration District No. 282 Primary Registration District No. 5971 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Polk</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Rural-Cliquot</u> TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR <u>Rural-Cliquot</u> TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>Died in the Home</u> INSTITUTION		Length of stay in 1b <u>6 yr.</u>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Lloyd</u> Middle <u>Carl</u> Last <u>Sievers</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>6</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept, 11, 1898</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR OF UNDER 24 HRS. Months <u>  </u> Day <u>  </u> Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and state or country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Hans F. Sievers</u>			14. MOTHER'S MAIDEN NAME <u>Mendelkow</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> <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Julia Sievers Rt. Bolivar, 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>Chronic Myelogenous Leukemia</u>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) <u>  </u> DUE TO (c) <u>  </u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u>2041</u>		
20c. TIME OF INJURY Hour <u>  </u> Month, Day, Year a. m. <u>  </u> p. m. <u>  </u>			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	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 <u>April 16, 56</u> to <u>Dec. 23-58</u> and last saw <u>him</u> alive on <u>Dec 23, 58</u> Death occurred at <u>11:20 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Ed Smith M.D.</u>			22b. ADDRESS <u>Bolivar Mo</u>		22c. DATE SIGNED <u>Jan 7, 58</u>
23a. BURIAL, CREMATION, RENEWAL (Specify) <u>Burial</u>	23b. DATE <u>Jan. 10, 58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>West Lawn</u>		23d. LOCATION (City, town, or county) (State) <u>Carroll - <del>Missouri</del> *Iowa</u>	
24. FUNERAL DIRECTOR <u>Pitts Funeral Home</u>			ADDRESS <u>Bolivar, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Jan. 9, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Ralph Darden</u>

health, Welfare public service  
 300 1-56  
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
 Director, Coroner, etc. must use only standard nomenclature in item 18. No symptoms with age listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Lisney Pitts*

Licensed Embalmer No. *49*

P. O. Address *Bolivar*

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.