

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009147
STATE FILE NUMBER

FILED APR 10 1958

Registration District No. 53 Primary Registration District No. Registrar's No. 251

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Jackson		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION Southeast Hosp.			Length of stay in 1b 3 hrs.		d. STREET ADDRESS (If outside, give location) 211 So. Missouri		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Walter Burnhard Sievers				4. DATE OF DEATH Month 3 Day 30 Year 58					
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 7, 1906		9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months 7 Days 23	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant			10b. KIND OF BUSINESS OR INDUSTRY Grocer		11. BIRTHPLACE (City and state or country) Cape Girardeau County		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME August Sievers				14. MOTHER'S MAIDEN NAME Dora 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. 493 10 1869		17. INFORMANT Address Mrs. Lydia Sievers Jackson, Mo.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage							INTERVAL BETWEEN ONSET AND DEATH 8 hrs.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Hypertensive cardiovascular disease					10 yrs.		
		DUE TO (c) 443X							
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.)						
20c. TIME OF INJURY Hour Month, Day, Year 									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> 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 Mar 1954 to Mar 30, 1958 and last saw him alive on Mar 30, 1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) J. H. Jaeger M.D.				22b. ADDRESS Jackson, Mo.			22c. DATE SIGNED Apr 1, 1958		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-1-58	23c. NAME OF CEMETERY OR CREMATORY Russell Heights		23d. LOCATION (City, town, or county) (State) Jackson, Mo.				
24. FUNERAL DIRECTOR ADDRESS Deneke-Laird, Inc.				25. DATE RECD. BY LOCAL REG. April 4, 1958		26. REGISTRAR'S SIGNATURE Mrs. Homer E. Cooper			

(Licensed Embalmer's Statement on Reverse Side)

Health, welfare, public service
 300-56
 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

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 *R. O. Laird*.....

Licensed Embalmer No. *412*.....

P. O. Address *Jackson, Mo.*.....

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.