

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022218

STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 150 Primary Registration District No. 5574 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lake Lotawana</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lot K 6</b>		Length of stay in lb <b>2 hrs</b>	d. STREET ADDRESS (If outside, give location) <b>2701 Harrison</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>RICHARD Ray SIEVERS</b>			4. DATE OF DEATH Month Day Year <b>July 7 1958</b>			
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 29, 1937</b>	9. AGE (In years last birthday) <b>20</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Apprentice Linoleum</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Artcraft Co.</b>	11. BIRTHPLACE (City and state or country) <b>Kansas City, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Charles E. Sievers</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Mae DeLucia</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Navy 5 weeks</b>	16. SOCIAL SECURITY NO. <b>500-40-4221</b>	17. INFORMANT <b>Mr. Charles E. Sievers, 2701 Harrison</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Death by electrocution?</b>		INTERVAL BETWEEN ONSET AND DEATH <b>9143 11</b>
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) <b>Family was affraid to get</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) <b>alleged to have come in contact with electric cables while in water</b>
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <b>7-758</b>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Lake Lotawana</b>	20f. CITY, TOWN, OR LOCATION <b>Jackson MO</b>	STATE <b>MO</b>
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20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <b>Jackson MO</b>	STATE <b>MO</b>
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Aughan Owens Corner 3</b>	22b. ADDRESS <b>1034 Rivault Blvd</b>	22c. DATE SIGNED <b>7-8-58</b>
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23a. BURIAL OR CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-11-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
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24. FUNERAL DIRECTOR <b>Melody-McGilley-Eylar Funeral Home</b> Woodland-Linwood	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>July 8-1958</b>	26. REGISTRAR'S SIGNATURE <b>N. B. Langford</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300  
1-57  
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All diseases in Part I must be causally related.

110

AUG 27 1958

JUL 16 1958

1877

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  \_\_\_\_\_  
Licensed Embalmer No. 2999  
P. O. Address \_\_\_\_\_ KC

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.