

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035581

STATE FILE NUMBER

1089

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1089

1. PLACE OF DEATH
a. COUNTY Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits
OR TOWN St. Joseph Yes No

c. CITY OR TOWN St. Joseph Inside Limits
Yes No

c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb
HOSPITAL OR INSTITUTION 2710 Union St. Life

d. STREET ADDRESS (If outside, give location) Reside on Farm
0117 2710 Union St. Yes No

3. NAME OF DECEASED First Middle Last
HERMAN WILLIAM SIDENFADEN

4. DATE OF DEATH Month Day Year
October 9, 1958

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED
WIDOWED / DIVORCED

8. DATE OF BIRTH Oct. 22, 1898 9. AGE (In years last birthday) 59 FUNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY?
Funeral Director INDUSTRY Home St. Joseph, Mo. 0 USA

13a. FATHER'S NAME Herman O. Sidenfaden 13b. MOTHER'S MAIDEN NAME Lillie C. Fleeman 14. NAME OF HUSBAND OR WIFE Hattie A. Sidenfaden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give dates of service) Yes W.W.# 1

16. SOCIAL SECURITY NO. 491-09-2468 17. INFORMANT Address City
Hattie A. Sidenfaden 2710 Union City

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Larynx INTERVAL BETWEEN ONSET AND DEATH 10 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 161X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Diabetes mellitus - Senior at side of neck & deep abscess - oct 9 at clavicle

19. WAS AUTOPSY PERFORMED? YES NO 2

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 Feb 4 1957 to Oct 9 1958 and last saw him alive on Oct 9 1958
Death occurred at 5:10 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Loewis Schrentel M.D. 22b. ADDRESS St Joseph Mo 22c. DATE SIGNED 10-10-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Oct. 13, 1958 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery 23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE
H.O. Sidenfaden & Son St Joseph, Mo. Oct. 12, 1958 Wm. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part II must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

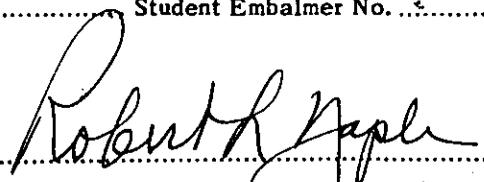
MEDICAL CERTIFICATION

Dr. J. Smith, F. R. G.

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. 3308
P. O. Address St. Joseph, Mo.

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.