

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009658

STATE FILE NUMBER

1261

FILED MAR 26 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1261

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>JACKSON</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</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>4005 State line</b>		Length of stay in lb <b>75 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>4005 State line</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Charles A.</b> Middle <b>Siegfried</b> Last <b>Siegfried</b>			4. DATE OF DEATH Month <b>MAR</b> Day <b>8</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>9-2-1883</b>	9. AGE (In years, months, days, hours, min.) <b>75</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>City Detective</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>K.C. Mo. Police Dept.</b>	11. BIRTHPLACE (City and state or country) <b>KANSAS CITY Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>THE U.S.A.</b>
13a. FATHER'S NAME <b>Lewis Siegfried</b>		13b. MOTHER'S MAIDEN NAME <b>MARY Miller</b>		14. NAME OF HUSBAND OR WIFE <b>Helen Siegfried</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT <b>Helen Siegfried</b> Address <b>4005 State line K.C. Mo</b>		
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchogenic Carcinoma</b> <b>malnutrition -</b> <b>Broncho-Pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>DUE TO (b)</b> <b>DUE TO (a)</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b> <b>6 wks</b> <b>2 wks</b>
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.) <b>1601</b>			
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.					
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 <b>3-3-59</b> , to <b>3-8-59</b> and last saw her alive on <b>3-3-59</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated					
22. SIGNATURE <b>Don Carlos Peete MD</b> (Doctor's title)			22b. ADDRESS <b>2500 Prof Bldg</b>		22c. DATE SIGNED <b>3-9-59</b>
23a. BURIAL, CREMATION, or DISPOSITION (Specify) <b>burial</b>	23b. DATE <b>3-11-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington</b>	23d. LOCATION (City, town, or county) <b>KANSAS CITY</b>	(State) <b>Mo.</b>	
24. FUNERAL DIRECTOR <b>Leates</b> 1901 OLIVER Bld. <b>KANSAS CITY Kan</b>		25. DATE RECD. BY LOCAL REG. <b>3-9-59</b>	26. REGISTRAR'S SIGNATURE <b>neva minchell</b>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Don Carlos Peete  
All diseases in Part I must be causally related.

9

VS  
APR 26 1934

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 ..... *Paul R. Williamson*

Licensed Embalmer No. *5009*.....

P. O. Address .. *Overland Park* ..

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.