

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012423

STATE FILE NUMBER 377

FILED APR 20 1959

Registration District No. 042 Primary Registration District No. 1000 Registrar's No.

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) OR TOWN St. Joseph		c. CITY OR TOWN Easton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		d. STREET ADDRESS R 1	
Length of stay in lb 3 Days		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOSEPH Middle A. Last SIELA		4. DATE OF DEATH April 13, 1959	
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 March 7, 1888
9. AGE (In years last birthday) 71		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. (6) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming	
11. BIRTHPLACE (City and state or country) Easton, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Paul Siela		13b. MOTHER'S MAIDEN NAME Elizabeth Miller	
14. NAME OF HUSBAND OR WIFE Edna Siela		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 496-42-1682		17. INFORMANT Address Edna Siela R 1. Easton, 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) Coronary Occlusion 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) 4201		INTERVAL BETWEEN ONSET AND DEATH 3 days	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT <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 1-21-53 to 4-13-59 and last saw him alive on 4-13-59 Death occurred at 9:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Wm. D. Rost (Degree or title) 0	
22b. ADDRESS 316 No 10th St Joseph Mo		22c. DATE SIGNED 4-14-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Apr. 15, 1959	
23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		23d. LOCATION (City, town, or county) (State) Hurlingen, Mo.	
24. FUNERAL DIRECTOR H.C. Sienfelsen & Son R.R. ADDRESS St Joseph, Mo.		25. DATE RECD. BY LOCAL REG. April 14, 1959	
26. REGISTRAR'S SIGNATURE M. Clark Standell			

Doctor, coroner, etc. must use only standard nomenclature in item 18. All diseases in Part I must be causally related.

Dr. Wm. D. Rost
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.