

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012869

STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 97

FILED APR 27 1959

300
1-57

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON		c. CITY OR TOWN UNION	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSP		d. STREET ADDRESS (If outside, give location) REST HOME	

3. NAME OF DECEASED (Type or print) First JOHN Middle B. Last SIBOLE			4. DATE OF DEATH Month APRIL Day 23 Year 1959		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	18. DATE OF BIRTH June 2, 1881	9. AGE (In years last birthday) 77	10. FUNDER 1 YEAR Months 10 Days 2	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)	10b. KIND OF BUSINESS OR INDUSTRY LABORER	11. BIRTHPLACE (City and state or country) COOPER CO., MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME SQUIRE SIBOLE	13b. MOTHER'S MAIDEN NAME ELIZABETH HULTS	14. NAME OF HUSBAND OR WIFE NONE
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT CHARLES LEWIS Address UNION, MO.
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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) <u>Arteriosclerotic Cardiovascular</u> DUE TO (b) <u>Diabetes & Anemia</u> DUE TO (c) <u>Rehydration</u>		INTERVAL BETWEEN ONSET AND DEATH 3 da -
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>bed fracture of left arm - 2 days</u>		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.) <u>bed fracture of left arm - 2 days</u> <u>Failure developed</u>
20c. TIME OF INJURY Hour Month, Day, Year a.m. 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, car, street, office bldg., etc.) <u>Rest Home</u>	20f. CITY, TOWN, OR LOCATION <u>Union Franklin Mo.</u>	COUNTY STATE
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21. I attended the deceased from <u>4/19/59</u> to <u>4/23/59</u> and last saw her alive on <u>4/22/59</u> Death occurred at <u>2:30 a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>[Signature]</u> (Degree or title) 3	22b. ADDRESS <u>[Address]</u>	22c. DATE SIGNED <u>4/23/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APRIL 25, 1959	23c. NAME OF CEMETERY OR CREMATORY PROSPECT CEMETERY	23d. LOCATION (City, town, or county) (State) LONE DELL MO.
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24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME UNION, MO.	ADDRESS UNION, MO.	25. DATE RECD. BY LOCAL REG. 5-25-59	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Rafael Ottomano*

Licensed Embalmer No. *4808*

P. O. Address *Union, N.J.*

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.