

UNIFORM DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 3 0 1959

'59 0 4 4 8 7 7
STATE FILE NUMBER

Registration District No. 247 Primary Registration District No. 4366 Registrar's No. 39

UNRECORDED

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE COUNTY Missouri Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Granby	Length of stay in 1b 5 months	c. CITY OR TOWN Granby	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Beaver Rest Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) None

3. NAME OF DECEASED (Type or print) First Middle Last Rudolf Guittlebb Siegrist			4. DATE OF DEATH Month Day Year 12-23-1959			
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 12-10-1872	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Interlaken, Switzerland		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Guittlebb Siegrist		13b. MOTHER'S MAIDEN NAME UK		14. NAME OF HUSBAND OR WIFE Mrs. Lena C. Siegrist		
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 Address Mrs. Marie Hall Denver, Colorado			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Congestive circulatory failure			3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Decompensated Hypertensive Heart Disease	3 months over	
	DUE TO (c) Arteriosclerosis	3 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)		
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year				
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 **August 20, '59** to **December 19, 1959** and saw her/him alive on **Dec. 17, 1959**
Death occurred at **7:00** A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Dee or title) Charles O. Hester D.O.		22b. ADDRESS Granby, Missouri		22c. DATE SIGNED 12-23-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-24-1959	23c. NAME OF CEMETERY OR CREMATORY Willow Springs Cemetery	23d. LOCATION (City, town, or county) (State) Willow Springe Mo.	

24. FUNERAL DIRECTOR ADDRESS Shewmake Funeral Home Granby, Missouri		25. DATE RECD. BY LOCAL REG. Dec 23, 1959	26. REGISTRAR'S SIGNATURE M. E. Young	
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Floyd E. Shewmaker

Licensed Embalmer No. 4923
P. O. Address Box 58 Gansley, W. Va.

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.