

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014774

FILED VS MAY 2 1960

Registration District No. 118 Primary Registration District No. 4189 Registrar's No. 14

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE Missouri COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rosebud		Length of stay in 1b 3 yrs.	c. CITY OR TOWN Rosebud Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last LeRoy Herman Sicht			4. DATE OF DEATH Month Day Year April 21, 1960		
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5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-17-1904	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) truck operator	10b. KIND OF BUSINESS OR INDUSTRY trucking	11. BIRTHPLACE (City and state or country) Hermann, Mo. Rt.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Paul Sicht	13b. MOTHER'S MAIDEN NAME Caroline Bock	14. NAME OF HUSBAND OR WIFE Clara Schroeder Sicht
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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. 500-16-3138	17. INFORMANT Ervin Sicht	Address Bay, 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) CORONARY OCCLUSION (FOUND DEAD IN BED) DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (EXCESSIVE WEIGHT)		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
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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.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 2:45 P.M. to and last saw her/him alive on and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Margaret Quiver	(Degree or title) CORONER	22b. ADDRESS HERMANN MO	22c. DATE SIGNED 4/21/60
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23a. BURIAL CREMATION REMOVAL (Specify) burial	23b. DATE 4-23-1960	23c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery	23d. LOCATION (City, town, or county) (State) Drake, Mo.
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24. FUNERAL DIRECTOR Gottenstroeter F. Home Owensville, Melford A N Winter (Licensed Embalmer's Statement on Reverse Side)	25. DATE RECD. BY LOCAL REG. April 23, 1960	26. REGISTRAR'S SIGNATURE Mrs. Marvin Jappney
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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
or by me Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wesley H H

Licensed Embalmer No. 383

P. O. Address OWENS

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.