MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 8 1961

AMENDED

-61-001641
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 345

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas city Mo — Length of stay in 1b: 72 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Bra-ton nursing Home 3400 Campbell St — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas city Mo — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 7200 Washington — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Henry Middle Snavely Last Siegrist

4. DATE OF DEATH: Month 1 Day 19 Year 1961

5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-15-1862
9. AGE (last birthday): 98
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired President Siegrist Engraving Co
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Annville Penn.
12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Hiram Siegrist
13b. MOTHER'S MAIDEN NAME: Mary Snavely
14. NAME OF HUSBAND OR WIFE: Emma Siegrist

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.
17. INFORMANT: Alan S Siegrist Address: 1207 W 68th St Terr

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 13 Hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Bleeding Hemorrhage — 36 hrs
DUE TO (c): Unknown

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1960 to 18 Jan 61 and last saw ~~him~~ him alive on 18 Jan 61
Death occurred at 9:50 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert M. Myers M.D.
22b. ADDRESS: 1025 Rialto Bldg.
22c. DATE SIGNED: 20 Jan 61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-21-1961
23c. NAME OF CEMETERY OR CREMATORY: Forest Hill Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City Mo

24. FUNERAL DIRECTOR ADDRESS: Warnall Funeral Home, Inc
25. DATE RECD. BY LOCAL REG.: 1-20-61
26. REGISTRAR'S SIGNATURE: Ruth D. Long

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Robert M. Myers MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

DOCUMENT

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_____ Signed Russell N. France

Signature of Student Embalmer

Licensed Embalmer No. 4255

P. O. Address K.C. 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.