

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

865-61-005524
STATE FILE NUMBER

AMENDED 1204 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1002

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Length of stay in lb **10 days**
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **Trinity Lutheran Hosp** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Florida** b. COUNTY **PINELLAS**
c. CITY OR TOWN **Clear Water Beach** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **1025 El Dorado** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Mary Ann Siebert**
4. DATE OF DEATH Month **2** Day **18** Year **1961**
5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **2-7-1941** 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
Months **10** Days **10** Hours **10** Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **INFANT** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) **Kansas City, Mo.** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **Edward George Siebert Jr.** 13b. MOTHER'S MAIDEN NAME **Jean - Cully** 14. NAME OF HUSBAND OR WIFE _____
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 **Edward George Siebert - Florida Beach** Address **Clear Water Beach**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Acute Pneumonia**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Congenital heart disease**
DUE TO (c) _____
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
INTERVAL BETWEEN ONSET AND DEATH **2 days from birth**

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 _____ 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 **2-7-61** to **2-18-61** and last saw her **alive** on **2-18-61**
Death occurred at **5:12 am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Edw. Small** (Degree or title) **M.D.** 22b. ADDRESS **7501 Missouri Road P.O. K7** 22c. DATE SIGNED **2-18-61**
23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **FEB. 18, 1961** 23c. NAME OF CEMETERY OR CREMATOR **MT. MORIAH CEMETERY** 23d. LOCATION (City, town, or county) (State) **KANSAS CITY MISSOURI**

24. FUNERAL DIRECTOR **D.W. NEWCOMER'S SONS** ADDRESS **331 BRUSH CREEK KANSAS CITY, MO.** 25. DATE RECD. BY LOCAL REG. **2-18-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **Edw. Small**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{wrapped} ~~embalmed~~ by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marvin D. Preston

Licensed Embalmer No. 5040

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.