

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006089

STATE FILE NUMBER

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 69

FILED VS MAR 6 1961

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) <u>Sedalia</u>		Length of stay in 1b <u>2 months</u>	c. CITY OR TOWN <u>Florence</u>
c. FULL NAME OF (if NOT in hospital, give location) <u>Rest Haven Rest Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>Florence Mo.</u>
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Augusta</u> Middle <u>Siegel</u> Last <u>Siegel</u>			4. DATE OF DEATH Month <u>February</u> Day <u>14</u> Year <u>1961</u>			
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 24 1876</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>20</u>	IF UNDER 24 HR Hours <u>15</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and state or country) <u>Pettis County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Dohrman</u>	13b. MOTHER'S MAIDEN NAME <u>Marion</u>	14. NAME OF HUSBAND OR WIFE <u>Conrad Siegel</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Beryl Siegel Florence, Mo.</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH <u>15 hours</u>
IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary Artery Disease</u>	
	DUE TO (c) <u>Generalized arteriosclerosis</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Congestive heart failure; auricular fibrillation, Parkinsonism</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.)
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20c. TIME OF INJURY Hour <u>3:00</u> Month, Day, Year <u>Nov. 13, 1959</u>	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 <u>Sedalia, Mo.</u>	COUNTY <u>Morgan</u>	STATE <u>Mo.</u>
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21. I attended the deceased from <u>November 1959</u> to <u>Feb. 13, 1961</u> and last saw her <u>alive</u> on <u>Feb. 13, 1961</u> Death occurred at <u>3:00</u> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Frances Shelby</u> (Degree or title)	22b. ADDRESS <u>700 S. Limit, Sedalia, Mo.</u>	22c. DATE SIGNED <u>2-14-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb. 16, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Florence Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Morgan County Mo.</u>
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24. FUNERAL DIRECTOR <u>Servicer-Stevinsan</u>	ADDRESS <u>Stover, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2/28/1961</u>	26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>
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DATE AMENDED
 INSTEAD OF
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 SHOULD READ
 BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

NOV 10 1961

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 James R. Schumi

Licensed Embalmer No. 4880

P. O. Address Vermont, N.H.

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.