

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009882

FILED VS MAR 13 1961

236

Primary Registration District No. 5817

Registrar's No. 16

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY MORGAN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MORGAN						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MILL CREEK Twp		Length of stay in 1b 25 YEARS		c. CITY OR TOWN MILL CREEK Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 MILES EAST OF FLORENCE			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5 MILES EAST OF FLORENCE		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First MAGGIE Middle VERNA Last SIEGEL				4. DATE OF DEATH Month MARCH Day 5 Year 1961						
5. SEX FEMALE		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 AUG 14 1905		9. AGE (last birthday) 55 IF UNDER 1 YEAR: Months 6 Days 18 IF UNDER 24 HR: Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (City and state or country) MORGAN County Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME J.D. WIECKEN			13b. MOTHER'S MAIDEN NAME EMMA KLINE			14. NAME OF HUSBAND OR WIFE HAROLD SIEGEL				
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 HAROLD SIEGEL Address FLORENCE Mo.					
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 to Myocard. Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ INTERVAL BETWEEN ONSET AND DEATH 45 min										
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 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 _____ a.m. _____ p.m.		Month, Day, Year								
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 5 March 61 to 2 March 61 and last saw her alive on 2 March 61 Death occurred at 7: P m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE [Signature] (Degree or title)					22b. ADDRESS [Address]			22c. DATE SIGNED 3/3/61		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MARCH 5 1961		23c. NAME OF CEMETERY OR CREMATORY FLORENCE CEMETERY			23d. LOCATION (City, town, or county) FLORENCE		(State) Mo	
24. FUNERAL DIRECTOR [Signature] ADDRESS Stover Mo.			25. DATE RECD. BY LOCAL REG. 3-9-61		26. REGISTRAR'S SIGNATURE [Signature]					

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 J. L. Swinson

Licensed Embalmer No. 4073

P. O. Address Stover 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.