

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-022202**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 291 Primary Registration District No. 5988 Registrar's No. 4a

**FILED JUN 28 1961**

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Putnam</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Elm Tmp</u> Length of stay in lb <u>30 yrs</u> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Livonia</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Putnam</u> c. CITY OR TOWN <u>Rural Elm Tmp/</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (if outside, give location) <u>Livonia</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
<b>3. NAME OF DECEASED</b> (Type or print) First <u>William</u> Middle <u>Frederick</u> Last <u>Siefkas</u>			<b>4. DATE OF DEATH</b> Month <u>June</u> Day <u>16</u> Year <u>1961</u>				
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>7-23-83</u>	<b>9. AGE (last birthday)</b> <u>77</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>23</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired Miner</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Coal</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Mystic, Iowa</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Albert Siefkas</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Henrietta Handley</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Florence Siefkas</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT</b> <u>Florence Siefkas -Livonia, Mo</u> Address			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic degenerative myocarditis w/ arteriosclerosis &amp; hypertension</u> DUE TO (b) <u></u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Semily &amp; prostatic hypertrophy</u>				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			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/>	<b>SUICIDE</b> <input type="checkbox"/>	<b>HOMICIDE</b> <input checked="" type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour <u></u> Month, Day, Year <u>June 4 to June 6 1961</u>							
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>	<b>STATE</b>
<b>21. I attended the deceased from</b> <u>June 4 to June 6 1961</u> to <u>June 6 1961</u> and last saw him alive on <u>June 6 1961</u> . Death occurred at <u></u> on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> <u>Chas L Guld</u> Degree of title <u>DO</u>			<b>22b. ADDRESS</b> <u>Unionville Mo</u>			<b>22c. DATE SIGNED</b> <u>6-17-61</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>B</u>		<b>23b. DATE</b> <u>June 19, 61</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Rose Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Putnam Co. Mo.</u>		
<b>24. FUNERAL DIRECTOR</b> <u>F.O. Husted &amp; Son-Unionville, Mo.</u> ADDRESS			<b>25. DATE RECD. BY LOCAL REG.</b> <u>6-23-61</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Marcell Durbin</u>		

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Samuel O. Rigg

Licensed Embalmer No. 3792

P. O. Address W. J. Rigg

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.