

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-045220

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 600

AMENDED

**FILED DEC 27 1961**

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>INDEPENDENCE</b>		Length of stay in lb <b>33 yrs.</b>	c. CITY OR TOWN <b>INDEPENDENCE</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1015 SOUTH LOGAN</b>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1015 SOUTH LOGAN</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>UNION</b> Middle <b>FRANCIS</b> Last <b>SIEGEL</b>			4. DATE OF DEATH Month <b>DECEMBER</b> Day <b>14</b> Year <b>1961</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-24-1892</b>	9. AGE (last birthday) <b>69</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NIGHT SGT. POLICE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>INDEP. POLICE DEPT.</b>	11. BIRTHPLACE (City and state or country) <b>BROOKLYN, NEW YORK</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>CHARLES SIEGEL</b>		13b. MOTHER'S MAIDEN NAME <b>EMMA PRESTON</b>	14. NAME OF HUSBAND OR WIFE <b>ALMA R. SIEGEL</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO NO</b>			17. INFORMANT Address <b>Alma Siegel, 1015 So. Logan, Indep. Mo.</b>		

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 Cardiac De-compensation** INTERVAL BETWEEN ONSET AND DEATH **Immediate**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Cardiac Hypertrophy**

DUE TO (c) **Bronchiectasis + Broncho-Pulmonary Fistula**

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 <input type="checkbox"/> NO <input 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 type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>INDEP</b>	COUNTY <b>JACKSON</b>	STATE <b>MO</b>
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21. I attended the deceased from **1955** to **12-15-61** and last saw her/him alive on **12-15-61**  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE <b>Thos J. Gammar</b> (Degree or title)	22b. ADDRESS <b>300 So Liberty - Indep</b>	22c. DATE SIGNED <b>12-15-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>12-18-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>HOLY TRINITY CEMETERY</b>
24. FUNERAL DIRECTOR <b>GEO. C. CARSON &amp; SONS, INDEPENDENCE, MO.</b>		23d. LOCATION (City, town, or county) <b>NEW ULM, MINNESOTA</b>

25. DATE RECD. BY LOCAL REG. <b>12-17-61</b>	26. REGISTRAR'S SIGNATURE <b>Albert Craig</b>
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Dr. Zammar  
300 S. Liberty

FEB 19 1962

DEC 29 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 Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Raytown,

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.