

0430

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

34806

BIRTH NO. ....		REG. DIST. NO. <u>138</u>		PRIMARY REG. DIST. NO. <u>4220</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Hickory</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wheatland</u> c. LENGTH OF STAY (in this place) <u>Alight</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>So Part of town</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wheatland</u> d. STREET ADDRESS (If rural, give location) <u>So Part of town</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dollie</u> b. (Middle) <u>Detra</u> c. (Last) <u>Siems</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct</u> <u>21</u> <u>1952</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April-5-1879</u>		9. AGE (in years last birthday) <u>73</u> Months <u>6</u> Days <u>16</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
11. BIRTHPLACE (State or foreign country) <u>Wheatland, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William E. Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Adeline Stenerson</u>	
14. NAME OF HUSBAND OR WIFE <u>Charles Siems</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Siems - Wheatland, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompression</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <u>2 Months</u> <u>4 years</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>443X</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Sept 20, 1952</u> , to <u>Oct 21, 1952</u> that I last saw the deceased alive on <u>Oct 20, 1952</u> , and that death occurred at <u>7:04 a.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>L. E. Briggs, D.O.</u>	
23b. ADDRESS <u>Wheatland, Mo.</u>		23c. DATE SIGNED <u>10-24-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 23-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Crittiquan Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wheatland, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert H. Hawley</u>		25. ADDRESS <u>Wheatland, Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-24-1952</u>		REGISTRAR'S SIGNATURE <u>Mary Johnson</u>		464-0		25. ADDRESS <u>Wheatland, Mo</u>	

MAY 18 1954

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 \_\_\_\_\_

Student Embalmer \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 4267

P. O. Address \_\_\_\_\_

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 this body is not embalmed, fact should be so stated above.