

FILED NOV 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37505
4658

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		c. LENGTH OF STAY (in this place) 28 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		d. STREET ADDRESS (If rural, give location) 3409 EAST 30TH STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION NORTH EAST OSTEOPATHIC HOSPITAL							
3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) STASTIA T. SIEGGEN c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) OCT-30-1949				
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MAY-29-1970	
9. AGE (In years last birthday) 79 YRS.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) CHICAGO, ILLINOIS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOSEPH TUCHICK			13b. MOTHER'S MAIDEN NAME ANNA SCHABER			14. NAME OF HUSBAND OR WIFE LEWIS R. SIEGGEN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS HOWARD R. SIEGGEN 6107 ROCK HILL RD. KANSAS CITY, MO.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Surgical Shock					INTERVAL BETWEEN ONSET AND DEATH 36 hrs.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intestinal Obstruction - 72 hours					
		DUE TO (c) Strangulated Left Inguinal Hernia					5 1/2
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 10-29-49		19b. MAJOR FINDINGS OF OPERATION Obstruction of Intestine - due to strangulation of left Inguinal Hernia					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE		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) m.		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 28, 1949, to 10-30, 1949, that I last saw the deceased alive on 10-30, 1949, and that death occurred at 8:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Wm. H. Thompson M.D. (Degree or title)			23b. ADDRESS 3800 E 27th St. Kansas City, Mo.			23c. DATE SIGNED 10-31-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV-2-1949		24c. NAME OF CEMETERY OR CREMATORY ELMWOOD CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI	
DATE REC'D BY LOCAL REG. 11-2-49		REGISTRAR'S SIGNATURE Geraldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcome's Home 1331 BRUSH CREEK BLVD KANSAS CITY, MO.		

(Licensed Embalmer's Statement on Reverse Side)

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

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City

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.