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FILED DEC 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40147

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY BATES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BATES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICH HILL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICH HILL	
c. LENGTH OF STAY (in this place) 25 Yrs.		d. STREET ADDRESS (If rural, give location) 1110 E. PARK AVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1110 PARK AVE. 1			

3. NAME OF DECEASED a. (First) SARAH b. (Middle) ELMENDA c. (Last) SIEBERT			4. DATE OF DEATH (Month) (Day) (Year) DEC. 21 1949		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED	8. DATE OF BIRTH NOV. 21-1870	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) RED ROCK IOWA	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME REIFREN GABLER	13b. MOTHER'S MAIDEN NAME CANDACE EVANS	14. NAME OF HUSBAND OR WIFE PETER SIEBERT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME GERALD SIEBERT RICH HILL MISSOURI	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION <i>Chronic Myocarditis</i> <i>Renal Arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2.900</i>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *Dec 10 1949*, to *Dec 21 1949*, that I last saw the deceased alive on *Dec 21 1949*, and that death occurred at *11:00* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Charles Allen</i>	(Degree or title) <i>M.D.</i>	23b. ADDRESS <i>1110 E. Park Ave. Mo</i>	23c. DATE SIGNED <i>12/23/49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC 26 1949	24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN	24d. LOCATION (City, town, or county) (State) RICH HILL, MISSOURI
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DATE REC'D BY LOCAL REG. <i>Dec 24 1949</i>	REGISTRAR'S SIGNATURE <i>Ma. Edna Douglas</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Booth Funeral Home</i>	ADDRESS <i>Rich Hill, Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 13 1950

RECEIVED

District Health Officer No. 7

District File Number 11-49-150

Date Filed 12-27-49

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 George A. Hill

Licensed Embalmer No. 4743

P. O. Address Rutledge, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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