

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 23 1950

No. 300

10-48

100 /

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

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 5471 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>GRUNDY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WASHINGTON TOWNSHIP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WASHINGTON TOWNSHIP</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>U</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JACOB</u> b. (Middle) <u>BERTON</u> c. (Last) <u>SIGLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB -13-1950</u>
5. SEX <u>MALE</u>	COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY-31 1879</u>
9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>12</u>	IF UNDER 48 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MO D</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>LAWSON L. SIGLER</u>	13b. MOTHER'S MAIDEN NAME <u>EMMA NOTE</u>	14. NAME OF HUSBAND OR WIFE <u>ZILPHA SIGLER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ZILPHA SIGLER SPICKARD MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid 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"/>		<u>334X</u>	
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) (Min.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 12, 1949</u> , to <u>Feb 13, 1950</u> that I last saw the deceased alive on <u>Feb 12, 1950</u> , and that death occurred at <u>2:25 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. W. Ewing M.D.</u>		23b. ADDRESS <u>Spickard Mo</u>	23c. DATE SIGNED <u>2-13-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB 14 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE GROVE CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>TRENTON MO.</u>
DATE REC'D BY LOCAL REG. <u>FEB-14-50</u>	REGISTRAR'S SIGNATURE <u>Mrs. Nathan Cooper</u>	114	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schooler funeral Home Spickard Mo.</u>



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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Ross Wise*

Signed.....
Student Embalmer

Licensed Embalmer No. 3771

P. O. Address Spickard Mo.

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.