

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20223

No. 300

10.48

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>4531</u>		Registrar's No. <u>60</u>		
1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton</u>			c. LENGTH OF STAY (In this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton</u>			<u>1090</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>A.</u> c. (Last) <u>Sievert</u>			4. DATE OF DEATH (Month) <u>Aug.</u> (Day) <u>17,</u> (Year) <u>1950</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Jan. 19, 1871</u>		9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm hand</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Warrenton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Frederick Sievert</u>			13b. MOTHER'S MAIDEN NAME <u>Caroline Sievert</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Wm. Bruning Wright City, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hemorrhage of stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ulcer of stomach</u> DUE TO (c) <u>(medical condition)</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Due to natural causes.</u>						INTERVAL BETWEEN ONSET AND DEATH  <u>5400</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>By hemorrhage</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Warrenton</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Warren Mo. 640</u>				
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2nd Home</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Wm. H. Brigg</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>Warrenton</u>		23c. DATE SIGNED <u>Aug. 19</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-21-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Warrenton, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-21-50</u>		REGISTRAR'S SIGNATURE <u>Floyd Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F.W. Nieburg &amp; Co.</u>		ADDRESS <u>Warrenton, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE NO. 4

SEP - 7 1950

RECEIVED

**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 *John J. Lieberg* \_\_\_\_\_

Licensed Embalmer No. *3897* \_\_\_\_\_

P. O. Address *Warrenton, 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.