

FILED JUL 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19990

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5337 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty township.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty Township Rural.</u>	
c. LENGTH OF STAY (In this place) <u>3 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>North of Mound City 0440</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North of Mound City</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Anna</u>	b. (Middle) <u>Marie</u>	c. (Last) <u>Siekmann</u>	4. DATE OF DEATH (Month) - (Day) (Year) <u>July 5, 1951</u>
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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>Feb. 9, 1868</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (State or foreign country) <u>Addieville, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Casper Vogelwohl</u>	13b. MOTHER'S MAIDEN NAME <u>Matilda Brencke</u>	14. NAME OF HUSBAND OR WIFE <u>William Siekmann</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Oscar Siekmann</u>	ADDRESS <u>Mound City, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</u>		<u>3 yrs</u>
	ANTECEDENT CAUSES *Forbid 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.			<u>4500</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	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 Jan 12, 1951, to July 5, 1951, that I last saw the deceased alive on July 3, 1951, and that death occurred at 9 a m., from the causes and on the date stated above.

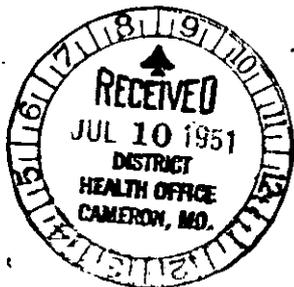
23a. SIGNATURE <u>D. Perry</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Mound City, Mo.</u>	23c. DATE SIGNED <u>7-6-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 8, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope cemetery</u>	24d. LOCATION (City, town, or county): <u>Mound City, Mo.</u> (State): _____
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DATE REC'D BY LOCAL REG. <u>7/8-1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> 1220	25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Crawford</u>	ADDRESS <u>Mound City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

James L Crawford

Licensed Embalmer No. 4796

P. O. Address Mound City, Md

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.