

FILED OCT 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33029

BIRTH NO.		REG. DIST. NO. 82	PRIMARY REG. DIST. NO. 3017	Registrar's No. 131
1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cooper.		
b. CITY (If outside corporate limits, write RURAL and give township) Boonville		c. LENGTH OF STAY (If in institution) 5 weeks		c. CITY (If outside corporate limits, write RURAL and give township) Boonville 0272
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) 415 Center Ave. 0		
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Otto c. (Last) Sieckmann		4. DATE OF DEATH (Month) (Day) (Year) October 26 1951		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 5 1896	9. AGE (In years last birthday) 55
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (State or foreign country) Morrison, Warren Co. Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME Fritz Sieckmann.		13b. MOTHER'S MAIDEN NAME Fredericka Wehmeier	14. NAME OF HUSBAND OR WIFE Agnes C. Fischer Sieckmann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes World War I		16. SOCIAL SECURITY NO. ----	17. INFORMANT'S SIGNATURE OR NAME Mrs. Wm. Otto Sieckmann, Boonville, 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Poly cystic kidneys</i> 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.		INTERVAL BETWEEN ONSET AND DEATH 2 years
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) 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 9-25-51, 1951, to 10-26, 1951, that I last saw the deceased alive on 10-25, 1951, and that death occurred at 8:14 m., from the causes and on the date stated above.				
23a. SIGNATURE <i>B. M. Stewart, M.D.</i> (Degree or title)		23b. ADDRESS 329 Main St., Boonville Mo.	23c. DATE SIGNED 10-27-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	24b. DATE October 28 1951	24c. NAME OF CEMETERY OR CREMATORY Walnut Grove	24d. LOCATION (City, town, or county) (State) Boonville, Missouri.	
DATE REC'D BY LOCAL REG. 10-27-51	REGISTRAR'S SIGNATURE <i>D. Hooser</i> 381 0	25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller, Boonville, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 30 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed OCT 30 1951

OCT 30 1951

OCT 2 1951

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. 433

working under my personal supervision.

Student F. William Kasman
Student Embalmer

Signed J. A. Goodman
Licensed Embalmer No. 1178

P. O. Address Boonville, 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.