S. No. 300
v. 10.48

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

FILED MAR 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4083

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 256

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 1008 Prospect Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Otho
b. (Middle):
c. (Last): Siglar

4. DATE OF DEATH (Month) (Day) (Year): March 1, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 20, 1892
9. AGE (In years last birthday): 60 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): engineer
10b. KIND OF BUSINESS OR INDUSTRY: brewery
11. BIRTHPLACE (State or foreign country): Fairport, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Leroy Siglar
13b. MOTHER'S MAIDEN NAME: Delphine Wait
14. NAME OF HUSBAND OR WIFE: Alice Margaret Siglar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: 491-09-9300
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Alice Siglar, 1008 Prospect, St. Joseph, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Sigmoid — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Small Bowel Obstruction — 2 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Pneumonia — 2 days

19a. DATE OF OPERATION: 2.23.52 2.29.52
19b. MAJOR FINDINGS OF OPERATION: Carcinoma Sigmoid 2.23.52 — Bowel Obstruction 2.29.52
20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 153X

22. *I hereby certify that I attended the deceased from* 2·9, 1952, *to* 3·1, 1952, *that I last saw the deceased alive on* 3·1, 1952, *and that death occurred at* 12:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M D
23b. ADDRESS: St Joseph Mo
23c. DATE SIGNED: 3.1.52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 3/3/1952
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): St. Joseph Missouri

DATE REC'D BY LOCAL REG.: March 5, 1952
REGISTRAR'S SIGNATURE: Carl C. Cash 446
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Heaton-Bowman Funeral Home, St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Eugene Wood

Licensed Embalmer No. 380

P. O. Address 316 So 10th St Joseph,

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.