

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 7 1952

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 140

804

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

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Knob Noster 0511	
c. LENGTH OF STAY (in this place) 10 days		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Edwin	b. (Middle) Kenneth	c. (Last) Sibert	4. DATE OF DEATH (Month) (Day) (Year) May 1, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 22, 1907	9. AGE (in years last birthday) 44	IF UNDER 1 YEAR Months 8 Days 9	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Retail	11. BIRTHPLACE (State or foreign country) Johnson Co., Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Edwin F. Sibert	13b. MOTHER'S MAIDEN NAME Emma Kauer	14. NAME OF HUSBAND OR WIFE Mary Bess Sibert
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 494 16 6909	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Bess Siber	ADDRESS Knob Noster
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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, asphyxia, 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) Retro Peritoneal Abscess		2 wks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombophlebitis in veins about rectum spreading post to bladder and up left ureter. DUE TO (c) Chr. Appendicitis		464X

19a. DATE OF OPERATION ✓	19b. MAJOR FINDINGS OF OPERATION Chr. Appendicitis, Perit. Abscess	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) Knob Noster, Johnson, Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ✓	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 **April 18, 1952** to **May 1, 1952** that I last saw the deceased alive on **May 1, 1952**, and that death occurred at **11:29 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. W. Howard (Degree or title)	23b. ADDRESS Knob Noster, Mo	23c. DATE SIGNED May 3, 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 3, 1952	24c. NAME OF CEMETERY OR CREMATORY Knob Noster Cemetery	24d. LOCATION (City, town, or county) (State) Knob Noster, Missouri
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DATE REC'D BY LOCAL REG. 5/3/1952	REGISTRAR'S SIGNATURE W. Raymond Baker	25. FUNERAL DIRECTOR'S SIGNATURE W. Raymond Baker	ADDRESS Knob Noster, Mo.
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JAN 20 1955

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 W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address _____

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.