

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15768**

FILED JUN 2 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 183

1. PLACE OF DEATH a. CITY <u>Calloway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City 0260</u>	
c. LENGTH OF STAY (in this place) <u>74, 7m, 9d</u>		d. STREET ADDRESS (If rural, give location) <u>R# 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>JOSEPH</u> a. (First) <u>SIEBENECK</u> b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>May 24, 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>25 Feb 1880</u>		9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR Days <u>2</u> IF UNDER 24 HRS. Hours <u>28</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Cole County, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>ANTONE Siebeneck</u>		13b. MOTHER'S MAIDEN NAME <u>Katie Mieske</u>		14. NAME OF HUSBAND OR WIFE <u>TRESA Siebeneck</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unk</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>State Hospital Records Fulton</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis &amp; Cardiac Hypertrophy</u>		INTERVAL BETWEEN ONSET AND DEATH	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity 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>Deviator of Unknown Cause</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4-2-2-2</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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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?	

22. I hereby certify that I attended the deceased from July, 1948, to 24 May, 1952, that I last saw the deceased alive on 23 May, 1952, and that death occurred at 10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James R. Hunter (f 956)</u> (Degree or title)		23b. ADDRESS <u>Fulton, Mo</u>		23c. DATE SIGNED <u>24 May 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 27, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Joss</u>	
		24d. LOCATION (City, town, or county) (State) <u>Joss, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>May 27-1952</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>426-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sylvester Dulle J.C. Mo.</u>	
---	--	--	--	--	--

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

143  
2

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.....

X ..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.