

STANDARD CERTIFICATE OF DEATH

34401

State File No.

DECEASED OCT 27 1952 BIRTH NO. ... REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 333

0164

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

1. PLACE OF DEATH a. COUNTY GI RARDEAU Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ballinger 0096	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) Scopus 4 miles west of Scopus	
c. LENGTH OF STAY (in this place) 3 weeks		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION MONSER NURSING HOME			
3. NAME OF DECEASED (Type or Print) a. (First) Jacob		b. (Middle) Nap- len	
c. (Last) Sitzes		4. DATE OF DEATH (Month) 10 (Day) 4 (Year) 1952	
5. SEX m	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid-wed	8. DATE OF BIRTH Feb. 25 / 1879
9. AGE (In years last birthday) 73		10. UNDER 1 YEAR Months 7 Days 9	11. UNDER 24 HRS. Hours 9 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	
11. BIRTHPLACE (State or foreign country) Bessville Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jacob Sitzes		13b. MOTHER'S MAIDEN NAME Ellan Pulliam	
14. NAME OF HUSBAND OR WIFE Sarah Sitzes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) n		16. SOCIAL SECURITY NO. n-ne	
17. INFORMANT'S SIGNATURE OR NAME Ruth Trentham		ADDRESS Bessville 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Generalized arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia, severe, nutritional	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 42cc	
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 9/15 1952, to 10/4 1952, that I last saw the deceased alive on 10/3 1952, and that death occurred at 3:07 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Ruth Trentham		23b. ADDRESS Ballinger Mo	
23c. DATE SIGNED 10/11/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/6/1952	24c. NAME OF CEMETERY OR CREMATORY Hurricane Fork	24d. LOCATION (City, town, or county) (State) Ballinger Mo
DATE REC'D BY LOCAL REG. 10-20-52	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE Wm. S. ... ADDRESS Ballinger 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

R. O. Laird

Licensed Embalmer No.

4538

P. O. Address

Jackson, 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.