No. 300
10.48

LEG NOV 8 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 35208

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4705

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6436 Morningside Drive

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 6436 Morningside Drive

38 W 9

**3. NAME OF DECEASED** (Type or Print)
a. (First): Elsa
b. (Middle):
c. (Last): SIEBEN

**4. DATE OF DEATH** (Month) (Day) (Year): Oct. 27, 1952

**5. SEX**: F
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never married
**8. DATE OF BIRTH**: July 3, 1886
**9. AGE** (In years last birthday): 66 — 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): Clerk
**10b. KIND OF BUSINESS OR INDUSTRY**: City of Kansas City
**11. BIRTHPLACE** (City and State or Foreign Country): Kansas City, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Fritz Sieben
**13b. MOTHER'S MAIDEN NAME**: Agnes Mohr
**14. NAME OF HUSBAND OR WIFE**: none

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): no
**16. SOCIAL SECURITY NO.**: 486-36-5036
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: S. H. Sieben, 6436 Morningside Dr., KC, 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) Malignant Cachexia — INTERVAL BETWEEN ONSET AND DEATH: April 1952

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cancer of Tongue — March 1952
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* X Ray Therapy. Dr. Tice Bell Hospital to Kansas. — April & March

**19a. DATE OF OPERATION**: March 1952
**19b. MAJOR FINDINGS OF OPERATION**: Biopsy — 141X
**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)
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 4-16, 1952, *to* 10-27, 1952, *that I last saw the deceased alive on* 10-25, 1952, *and that death occurred at* 2 A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Frank B. Leitz — Frank B. Leitz, MD
**23b. ADDRESS**: 1530 Prof. Bldg. Kansas City, Mo.
**23c. DATE SIGNED**: 10-27-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 10-23-52
**24c. NAME OF CEMETERY OR CREMATORY**: Elmwood
**24d. LOCATION** (City, town, or county) (State): Kansas City, Missouri

**DATE REC'D BY LOCAL REG.**: 10-27-52
**REGISTRAR'S SIGNATURE**: Geraldine Smith
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Mellody-McGilley-Eylar, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. F. B. Lietz
Proj.
1 00 PM

## 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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.