

5. No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41450

State File No.

DEC 23 1952

BIRTH NO. ... REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett	
c. LENGTH OF STAY (in this place) 20 yrs.		d. STREET ADDRESS (If rural, give location) North Central Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Gottfried	b. (Middle) Peter	c. (Last) Siebenthaler	4. DATE OF DEATH (Month) (Day) (Year) Dec. 13, 1952
-------------------------------------	-----------------------------	--------------------------	-------------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 21, 1862	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	Min.
--------------------	-------------------------------	---	---------------------------------------	---	------------------------	-----------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer	10b. KIND OF BUSINESS OR INDUSTRY Grocer	11. BIRTHPLACE (State or foreign country) Kranklin County, Ind.	12. COUNTRY OF WHAT COUNTRY? U.S.A.
---	---	--	--

13a. FATHER'S NAME Henry Siebenthaler	13b. MOTHER'S MAIDEN NAME Mary Ann Huber	14. NAME OF HUSBAND OR WIFE Anna Mary
--	---	--

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. None	17. INFORMANT'S SIGNATURE OR NAME H. L. Siebenthaler, Monett, Mo.	ADDRESS
--	-------------------------------------	--	---------

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 35 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Carcinoma of Stomach Diabetes Mellitus		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		18 mo? 15 yrs?	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 331X H YES <input type="checkbox"/> NO <input 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) (Min.)	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 **Jan 8 1852** to **Dec 13 1952**, 1952, that I last saw the deceased alive on **Dec 13, 1952**, and that death occurred at **4:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE F. L. Edwards M.D. (Degree or title)	23b. ADDRESS Monett, Mo	23c. DATE SIGNED 12-15-52
--	--------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 16, '52	24c. NAME OF CEMETERY OR CREMATORY Shawnee Cemetery	24d. LOCATION (City, town, or county) (State) Shawnee, Kansas
---	-------------------------------	--	--

DATE REC'D BY LOCAL REG. Dec 16-1952	REGISTRAR'S SIGNATURE Oliver C. W. ...	25. FUNERAL DIRECTOR'S SIGNATURE ... ADDRESS ...
---	---	--

(Licensed Embalmers' Statement on Reverse Side)

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

051
0

MAR 20 1957

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 J. D. Buchanan

Licensed Embalmer No. 3149

P. O. Address Merits 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.