V.S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1625

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 271

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

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) 40 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Veterans Administration Hospital

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, Missouri
d. STREET ADDRESS (If rural, give location) 5534 Jackson, 3796

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN
b. (Middle) M.
c. (Last) SIAGLO

4. DATE OF DEATH (Month) (Day) (Year) January 16, 1953

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH 3-5-95
9. AGE (In years last birthday) 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY SWIFT + Co.
11. BIRTHPLACE (City and State or Foreign Country) Warsaw, Poland 4
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Mike Siaglo
13b. MOTHER'S MAIDEN NAME Mary (Unknown)
14. NAME OF HUSBAND OR WIFE Jeanette Siaglo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. 510-05-9208
17. INFORMANT'S SIGNATURE OR NAME Veterans Administration Records — 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Retroperitoneal carcinoma with metastesas ~~to the abdominal wall and abdominal~~ viscera and (2) anemia secondary to car- ~~cinoma (3) malnutrition.~~ — INTERVAL BETWEEN ONSET AND DEATH: 6 Mos.

ANTECEDENT CAUSES — DUE TO (b)

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — 158 h

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* 12/17, 19 52, *to* 1/16/, 19 53, *that I last saw the deceased alive on* 1-16, 19 53 *and that death occurred at* 3:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Thomas J. Coleman (Degree or title) Thomas J. Coleman, M.D. 0
23b. ADDRESS V.A. Hospital, Kansas City, Mo.
23c. DATE SIGNED 1-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal.
24b. DATE Jan. 19 1953
24c. NAME OF CEMETERY OR CREMATORY Holden Mo.
24d. LOCATION (City, town, or county) (State) Holden Mo

DATE REC'D BY LOCAL REG. 1-17-53
REGISTRAR'S SIGNATURE Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE Mellody-McGilley Eylar — **ADDRESS** Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Single

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 Melvin Barteau Student Embalmer No. 438 working under my personal supervision.

Student Melvin Barteau
Student Embalmer

Signed T. Lee Schaberg

Licensed Embalmer No. 4513

P. O. Address Odessa, 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.