

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9323

State File No.

FILED APR 8 1953

BIRTH NO. _____ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 5424 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Union Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Union Twp.</u> <u>0350</u>	
c. LENGTH OF STAY (in this place) <u>15 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Campbell's Rte. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 Mi. West Glennonville.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frederick</u> b. (Middle) <u>James</u> c. (Last) <u>Siebert</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 26, 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept. 21, 1930</u>	9. AGE (In years last birthday) <u>22</u>	IF UNDER 1 YEAR Days <u>6</u> Hours <u>5</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Malden Air Base</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Cahokia, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Ben Siebert</u>	13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Siebert</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>496-38-7902</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ben Siebert,</u> ADDRESS <u>Campbell, Mo. R. 1</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal Fracture of Skull</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 53</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Campbell Dunklin Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 26, 1953 1A m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car wreck near St. Francis Bridge H 53</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Quinton Tarver</u> M. D. Coroner	23b. ADDRESS <u>Kennett, Mo.</u>	23c. DATE SIGNED <u>3/26/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/28/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Theresa Semetery</u>	24d. LOCATION (City, town, or county) (State) <u>Glennonville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4/2/1953</u>	REGISTRAR'S SIGNATURE <u>Mrs. Rachel Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Day Funeral Home, Malden, Missouri</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

NO. 300
10-48

350
3

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT H-6-53
COUNTY FILE NUMBER 453-96

APR 21 1953

APR 8 1953

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.