

STANDARD CERTIFICATE OF DEATH

State File No. **17027**

FILED JUN 10 1953

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 5110		Registrar's No. 37	
1. PLACE OF DEATH a. COUNTY BOLLINGER 0090				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY BOLLINGER			
b. CITY (If outside corporate limits, write RURAL and give township) RURAL FILMORE TWP		c. LENGTH OF STAY (In this place) LIFETIME		c. CITY (If outside corporate limits, write RURAL and give township) RURAL FILMORE TWP		OR TOWN 0090	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEAR GLEN ALLEN				d. STREET ADDRESS (If rural, give location) NEAR GLEN ALLEN			
3. NAME OF DECEASED (Type or Print) MARTIN		a. (First)		b. (Middle)		c. (Last) SITZE	
5. SEX M. O. W.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 8-2-1906	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) BOLLINGER Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME BENJAMIN F. SITZE		13b. MOTHER'S MAIDEN NAME MARGARET MYERS		14. NAME OF HUSBAND OR WIFE VINA E. SITZE			
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 VINA E. SITZE			
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) Hypertensive pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) initial respiration DUE TO (c) arteri aneurysm				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 022X				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 Dec 5, 1952 , to June 4, 1953 , that I last saw the deceased alive on June 1, 1953 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Everette L. Price, D.O.				23b. ADDRESS Lutesville, Mo.		23c. DATE SIGNED 6-4-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-6-53		24c. NAME OF CEMETERY OR CREMATORY OLD TRACE CREEK		24d. LOCATION (City, town, or county) (State) GLEN ALLEN MO.	
DATE REC'D BY LOCAL REG. June 8-1953		REGISTRAR'S SIGNATURE Willie Man... Baker		25. FUNERAL DIRECTOR'S SIGNATURE BAKER FUNERAL HOME, LUTESVILLE, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

Wm. Price

JUN 15 1950

JUL 17 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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.