

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44000**

FILED DEC 28 1953

BIRTH NO. _____		REG. DIST. NO. 306		PRIMARY REG. DIST. NO. 6048		Registrar's No. 27		
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Charles				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN O'Fallon Rural			c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN O'Fallon Rural		
d. FULL NAME OF HOSPITAL OR INSTITUTION: _____				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) Edward			a. (First)		b. (Middle) F.		c. (Last) Siesennop	
4. DATE OF DEATH Dec. 18 1953		(Month) (Day) (Year)		5. SEX male		6. COLOR OR RACE white		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married		8. DATE OF BIRTH July 23 1882		9. AGE (In years last birthday) 71		IF UNDER 1 YEAR: Months _____ Days _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY general		11. BIRTHPLACE (State or foreign country) St. Charles Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Henry Siesennop			13b. MOTHER'S MAIDEN NAME Sattler			14. NAME OF HUSBAND OR WIFE Mary Siesennop		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Elmer Siesennop ADDRESS O'Fallon 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) Arteriosclerosis. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH Sudden ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/20/1					20. AUTOPSY? 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)		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 July 15, 1953 , to Dec 18, 1953 , that I last saw the deceased alive on Dec 17, 1953 and that death occurred at 7 a. m. , from the causes and on the date stated above.								
23a. SIGNATURE John J. Jenkins (Degree or title) M.D.			23b. ADDRESS 214 North 9th		23c. DATE SIGNED Dec 21, 1953			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 22 / 53		24c. NAME OF CEMETERY OR CREMATORY Assumption		24d. LOCATION (City, town, or county) (State) O'Fallon Mo.		
DATE REC'D BY LOCAL REG. Dec 21 1953		REGISTRAR'S SIGNATURE E. A. Reichley 2807		25. FUNERAL DIRECTOR'S SIGNATURE E. A. Keathly ADDRESS O'Fallon Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

E. Keithly

Signed.....
Student Embalmer

Licensed Embalmer No. 822

P. O. Address. O'Fallon 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.