

STANDARD CERTIFICATE OF DEATH

22315 State File No.

FILED JUL 22 1954

BIRTH NO. 41838-54 REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5145 Registrar's No. 20

0140

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Guthrie</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Guthrie Mo</u>		d. STREET ADDRESS (If rural, give location) <u>0140</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In Town</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAY</u> b. (Middle) <u>Hall</u> c. (Last) <u>SIEGEL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 17 54</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>July 15-54</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Days <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Guthrie Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Vernon Siegel</u>		13b. MOTHER'S MAIDEN NAME <u>Wela Fisher</u>		14. NAME OF HUSBAND OR WIFE	
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Vernon Siegel Guthrie Mo</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Bronchial</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) m.		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 <u>July 16, 1954</u> , to <u>July 17, 1954</u> , that I last saw the deceased alive on <u>July 17, 1954</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>E. M. Rink</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>New Bloomfield Mo</u>		23c. DATE SIGNED <u>July 18-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 18-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Guthrie Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Guthrie Mo</u>		
DATE REC'D BY LOCAL REG. <u>July 17-54</u>		REGISTRAR'S SIGNATURE <u>Leroy Claypool</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Halt-Claypool Sec 7-B Mo.</u>	

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.....

This Body partially Embalmed By Me Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *LeRoy Claypool*

Licensed Embalmer No. *4412*

P. O. Address *New Bloomfield*

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.