

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27694

State File No. ....

FILED SEP 7 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4020

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY (If inside corporate limits, write RURAL and give town) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (In this place) <u>3 mo.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Longhurst Home</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Longhurst Home</u> e. STREET ADDRESS (If rural, give location) <u>1441 Independence Ave</u>	
<b>3. NAME OF DECEASED</b> a. (First) <u>Mary</u> b. (Middle) <u>none</u> c. (Last) <u>Sigler</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>8 - 17 - 54</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OF RACE</b> <u>Wh.</u>	<b>MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Mar. 26, 1873</u>
<b>9. AGE</b> (In years) (If under 1 year, give last birthday) (If under 12 months, give Days) (If under 24 hours, give Hours) (If under 60 min., give Min.) <u>81 yrs.</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Missouri</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>at home</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>Unknown</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>James J. Sigler</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Walter Ferguson</u>		<b>ADDRESS</b> <u>K.C.K.</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <u>Cerebral Hemorrhage</u> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <u>4-15-54</u>, 19<u>54</u>, to <u>8-17-54</u>, 19<u>54</u>, that I last saw the deceased alive on <u>8-17-54</u>, 19<u>54</u>, and that death occurred at <u>7:00 p.m.</u>, from the causes and on the date stated above.             </b>			
<b>23a. SIGNATURE</b> <u>Frank Paul Laurenzana</u> (Degree or title)		<b>23b. ADDRESS</b> <u>428 South White Ave</u>	
<b>23c. DATE SIGNED</b> <u>8-17-54</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Buried Longhurst Home</u>		<b>24b. DATE</b> <u>Aug 20 - 1954</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Guindaro</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Kansas City, Kansas</u>	
<b>DATE REC'D BY LOCAL REG</b> <u>8-19-54</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Sheraldine Smith Gibson</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Ann M.P.</u>		<b>ADDRESS</b> <u>Kansas</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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Charles H. Stuckert*.....

Licensed Embalmer No. *45*.....

P. O. Address *140 h*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.