

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13667

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 167

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR Route 2 Independence (Blm.)	c. LENGTH OF STAY (In this place) 2 weeks	c. CITY OR TOWN Sugar Creek, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Jude Nursing Home		e. STREET ADDRESS (If rural, give location) 919 North High	

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) SEBETHA	c. (Last) SIBERT	4. DATE OF DEATH (Month) (Day) (Year) 4 11 56
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4-8-1868	9. AGE (In years last birthday) (If under 1 year: Months) (If under 28 wks: Days) (Hours) (Min.) 88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri	
13a. FATHER'S NAME Michael Burke		13b. MOTHER'S MAIDEN NAME Bridget Woods		14. NAME OF HUSBAND OR WIFE Charles Sibert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Georgia Cusiok 919 N. High Sugar Creek Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 4 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		DUE TO (c)		4 years
II. 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"/>	

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) 4500
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 4-1-56, 1956, to 4-11-56, 1956, that I last saw the deceased alive on 4-11-56, 1956, and that death occurred at 8:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank Paul Schumann M.D.	23b. ADDRESS 428 South White Ave	23c. DATE SIGNED 4-11-56
24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 4-13-56	24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
DATE REC'D BY LOCAL REG. 4-13-56		24d. LOCATION (City, town, or county) (State) Kansas City Missouri

REGISTRAR'S SIGNATURE James K. Kelly	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar 1800 E. Linwood
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

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54-0

Mrs. Sibert.

Dr. Frank P. Lauritzen

Dr. with call on and home -
you meet him on way
try.

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.....
Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.