

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31486**

FILED OCT 9 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **236** PRIMARY REG. DIST. NO. **4352** Registrar's No. **60**

1. PLACE OF DEATH a. COUNTY <b>Morgan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Versailles</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jt Leonard Wood</b>	
c. LENGTH OF STAY (in this place) <b>30 minutes</b>		d. STREET ADDRESS (If rural, give location) <b>0551</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Gunn Clinic</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Alan</b> b. (Middle) <b>Paul</b> c. (Last) <b>Siegel</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 6 1956</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	
8. DATE OF BIRTH <b>Jan 4, 1938</b>		9. AGE (In years less birthday) <b>18</b>		10. IF UNDER 1 YEAR <b>9</b> Months <b>2</b> Days	
11. IF UNDER 24 HRS. <b>1</b> Hour <b>1</b> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Soldier</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. Army</b>	
11. BIRTHPLACE (State or foreign country) <b>Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>111-55</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>FRacture of SKULL</b>			<b>10 MIN</b>	
		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.				

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) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>No Highway # 58</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Versailles Morgan Mo</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Oct 6-56 3:45p</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Automobile Accident</b>		

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **3:45p** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Gene H. Bastian Coronel</b>		23b. ADDRESS <b>Versailles Mo</b>		23c. DATE SIGNED <b>Oct 6-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Oct 6-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Jt Leonard Wood</b>	
				24d. LOCATION (City, town, or county) (State) <b>Mo</b>	

DATE REC'D BY LOCAL REG. <b>10/6/56</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature] - Versailles, Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.