

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33392

STATE FILE NUMBER

FILED OCT 24 1956

Registration District No. 59 Primary Registration District No. 5221 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN: <u>Dayton Twp</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Garden City</u> Inside Limits <u>019</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 miles S.W. Garden City</u>		d. STREET ADDRESS <u>3 miles S.W.</u> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in lb <u>38 yrs.</u>			

3. NAME OF DECEASED (Type or print) First <u>Gustav</u> Middle <u>Herman</u> Last <u>Sieker</u>			4. DATE OF DEATH Month <u>10</u> Day <u>12</u> Year <u>1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 28, 1897</u>		9. AGE (In years last birthday) <u>79</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>		11. BIRTHPLACE (City and state or country) <u>Bay, Missouri</u>		
13. FATHER'S NAME <u>August Sieker</u>			14. MOTHER'S MAIDEN NAME <u>Louise Koster</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>490-42-4191</u>		17. INFORMANT <u>Mrs. Audrey Sieker - Garden City, Mo</u> Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>maligant lymphoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 wd.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1956 to Oct. 1956 and last saw her/him alive on Sept. 30 1956.
Death occurred at 4:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Edward S. Jones M.D.</u>	22b. ADDRESS <u>Harrisonville, Mo</u>	22c. DATE SIGNED <u>10-14-56</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 14 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Garden City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Garden City Missouri</u>
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24. FUNERAL DIRECTOR <u>Atkinson & Lilly</u>	ADDRESS <u>Harrisonville, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Oct. 14, 1956</u>	26. REGISTRAR'S SIGNATURE <u>Dora Barnard</u>
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(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
 300 1-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

4570



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 *Billy J. Smith*.....

Licensed Embalmer No. *46*.....

P. O. Address *Garden*.....

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