V.S. No. 300
Rev. 10.48

FILED MAY 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12408

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5181 Registrar's No. 261

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Applecreek
c. LENGTH OF STAY (in this place): 14 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7 Miles N.W. Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Cape Gir.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Applecreek 16 0
d. STREET ADDRESS (If rural, give location): 7 Miles N.W. Jackson

3. NAME OF DECEASED (Type or Print)
a. (First): Mervin
b. (Middle): Eugene
c. (Last): Sievers

4. DATE OF DEATH (Month) (Day) (Year): March 31, 1957

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Sept. 7, 1940
9. AGE (In years last birthday): 16 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Invalid
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Robert Sievers
13b. MOTHER'S MAIDEN NAME: Linda Heider
14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Robert Sievers
ADDRESS: Jackson R 3

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration of vomitus. — INTERVAL BETWEEN ONSET AND DEATH: 10 mins

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Persistent hyperemesis — 1 1/2 days
DUE TO (c) Viral Gastroenteritis. — 2 days

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 ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 30, 1957, *to* Mar 31, 1957, *that I last saw the deceased alive on* Mar 30, 1957, *and that death occurred at* 3 m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. N. Jaeger, M.D. (Degree or title)
23b. ADDRESS: Jackson, Mo.
23c. DATE SIGNED: Apr 12, 1957

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 2, 1957
24c. NAME OF CEMETERY OR CREMATORY: St. John
24d. LOCATION (City, town, or county) (State): Jackson, R 3 Mo.

DATE REC'D BY LOCAL REG.: 5-7-57
REGISTRAR'S SIGNATURE: C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE: S. C. Crawford
ADDRESS: Jackson Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

44-D

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Jackson Me

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.