

Health, Welfare
Public
Service

FILED APR 17 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 2016 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>R.R.#4 Osage Bend</u> ⁰²⁶ Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u> Length of stay in 1b <u>2wks</u>		d. STREET ADDRESS (If outside, give location) <u>R.R.#4</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Henry Siebeneck</u> First Middle Last			4. DATE OF DEATH <u>April 13, 1957</u> Month Day Year
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>Jan. 18, 1884</u>
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>29</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HRS. <u></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>farm</u>	11. BIRTHPLACE (City and state or country) <u>OSAGE BEND, MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Anton Siebeneck</u>	
14. MOTHER'S MAIDEN NAME <u>Catherine Meisel</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mrs. Anna Seibeneck</u> Address <u>Osage Bend, Mo.</u>	
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>Myocardial infarct</u> DUE TO (b) <u>Chronic arteriosclerotic cardio-vascular disease</u> DUE TO (c) <u>Carcinoma of Caecum</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>153X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> <u>4 yrs</u> <u>1 month</u>
19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	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 <u>Dec 1950</u> to <u>April 13, 1957</u> and last saw her alive on <u>9 AM</u> Death occurred at <u>10:20 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Edward R. Bohner, M.D.</u>		22b. ADDRESS <u>Jefferson City Mo</u>	22c. DATE SIGNED <u>4-13-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>April, 16, 57</u>	23c. NAME OF CEMETERY OR CREMATOR <u>St. Margrets</u>	23d. LOCATION (City, town, or county) (State) <u>Osage Bend, Mo.</u>
24. FUNERAL DIRECTOR <u>Robert Dulle</u> ADDRESS <u>Jeff City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>15 April 1957</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Dorris, MD - JR.</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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All symptoms will be listed. No diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

68-0

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.....
Sylvester Quille

Licensed Embalmer No. 432

P. O. Address *Jeffersonville*

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.