V.S. No. 300
Rev. 10.48

FILED NOV 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36613

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 174

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1. PLACE OF DEATH
a. COUNTY Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hudson Twp.
c. LENGTH OF STAY (In this place) 5yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake View Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Cambria
d. STREET ADDRESS (If rural, give location) ----------

3. NAME OF DECEASED (Type or Print)
a. (First) Elizabeth b. (Middle) Jones c. (Last) Siemens

4. DATE OF DEATH (Month) (Day) (Year) Sep. 28, 1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH April 10, 1871
9. AGE (In years last birthday) 86 — If under 1 year: Months 5 Days 18 — If under 24 hrs.: Hours ___ Min. ___

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

13a. FATHER'S NAME Owen Jones
13b. MOTHER'S MAIDEN NAME Margaret Thomas
14. NAME OF HUSBAND OR WIFE Onno G. Siemens

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 — ADDRESS Fred Siemens, New Cambria, Mo.

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) uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arterio sclerosis — 10 yrs

DUE TO (c) prolonged recumbrence — 2 yrs

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 4500
20. AUTOPSY? 2 — 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* 1949, 19___, *to* Sept 26, 1957, *that I last saw the deceased alive on* Sept 26, 19 57, *and that death occurred at* 1:45p m., *from the causes and on the date stated above.*

23a. SIGNATURE C. L. Durden (Degree or title) D.O.
23b. ADDRESS Macon, Missouri
23c. DATE SIGNED 10-9-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 1, 1957
24c. NAME OF CEMETERY OR CREMATORY New Cambria
24d. LOCATION (City, town, or county) (State) New Cambria, Mo.

DATE REC'D BY LOCAL REG. 10/21/57
REGISTRAR'S SIGNATURE Ruth McNeely
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS H. H. Gilliland New Cambria Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED
MACON COUNTY HEALTH DEPARTMENT
County File No. 10-57,186
Date Filed 11-22-87

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.

Signed Howard F Myers

Licensed Embalmer No. 4494

P. O. Address Macon Mo.

Signed .....
Student Embalmer

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.