

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022801

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 259

FILED JUN 16 1958

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		c. CITY OR TOWN Sedalia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		d. STREET ADDRESS (If outside, give location) 1100 S. Murray	
3. NAME OF DECEASED (Type or print) First JENNIE Middle ALICE Last SITTON		4. DATE OF DEATH Month June Day 8 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 18, 1873
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 (City and state or country) Lincoln County, Missouri
13a. FATHER'S NAME Lewis Capps		13b. MOTHER'S MAIDEN NAME Lucinda	14. NAME OF HUSBAND OR WIFE William C. Sitton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Ernest Sitton, 1100 S. Murray, Sedalia, Mo.
18. CAUSE OF DEATH (Enter only one cause if line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic C-V disease (Acute Congestive Heart Failure) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) 4221 F			INTERVAL BETWEEN ONSET AND DEATH 7 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a)) Fracture, 5-6-7-8 Ribs Rth due to fall at home.			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 _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Nov 1951 to June 1958 and last saw her alive on 8 June 1958 . Death occurred at 6:55 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Declarer or title) Dr. P. V. Siegel MD		22b. ADDRESS Smithton Mo 64858	
22c. DATE SIGNED 6/9/58		22d. DATE SIGNED	
23a. BURIAL CREMATION REMOVAL (Specify)	23b. DATE June 10, 1958	23c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery	23d. LOCATION (City, town, or county) (State) Carso, Lincoln County, Missouri
24. FUNERAL DIRECTOR D. W. Heckart, Sedalia, Missouri		26. REGISTRAR'S SIGNATURE Frances Shelby	

(Licensed Embalmers Statement on Reverse Side)

Health, & Welfare Public Health Section
 5. 30
 1-
 GIRLESPIE FUNERAL HOME
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 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.

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. 9775 working under my personal supervision.

Student Albert L. Shaffer
Signature of Student Embalmer

Signed Russell C. May

Licensed Embalmer No. 4804
P. O. Address Edalia, Mo.

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.