

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024259

STATE FILE NUMBER

FILED JUN 16 1958 registration District No. 324 Primary Registration District No. 6093 Registrar's No. 90

S. 300
v. 1-57

7

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Saline Co.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Platte					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Camden Point		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri State School			Length of stay in lb 20 yrs.		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Newton Middle Last Sigears				4. DATE OF DEATH Month June Day 13 , Year 1958					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 11-12-1906		9. AGE (In years last birthday) 51 yrs.	10. F UNDER 1 YEAR Months 7 Days 1	11. F UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Camden Point, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Louis Sigears			13b. MOTHER'S MAIDEN NAME Annie Lemon			14. NAME OF HUSBAND OR WIFE None			
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 Missouri State School, Marshall, Missouri				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Infarction DUE TO (c) Acute Myocardial Infarction PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. High Blood Pressure 21 May 54 Because of High Blood Pressure								INTERVAL BETWEEN ONSET AND DEATH 10 hrs 30 days 30 days	
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.) Stroke					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK		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 5 Sept. '55 to 12 June 58 and last saw him ^{her} alive on June 12, 1958 Death occurred at 12:30 a.m. on the 12 date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Cecil J. Neal (Degree or title) M. D.					22b. ADDRESS Marshall, Missouri		22c. DATE SIGNED 6-13-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-15-1958	23c. NAME OF CEMETERY OR CREMATORY Mo. State School Cemetery		23d. LOCATION (City, town, or county) (State) Marshall Mo				
24. FUNERAL DIRECTOR Mulleney-Reser Funeral Home ADDRESS Marshall				25. DATE RECD. BY LOCAL REG. 6-14-58		26. REGISTRAR'S SIGNATURE Cecil J. Neal			

110-11-11

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 *Jack Brewer*

Licensed Embalmer No. *4643*
P. O. Address *Marshall, Va.*

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.