

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037371
STATE FILE NUMBER

FILED OCT 23 1958 Registration District No. 275 Primary Registration District No. 5942 Registrar's No. 190

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla Township		c. CITY OR TOWN Rolla	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 3/4 Mi. So. Rolla INSTITUTION P. A. Gorman Farm		Length of stay in 1b 08 1/2 STREET ADDRESS (If outside, give location) 105 So. Olive	
3. NAME OF DECEASED (Type or print) First Middle Last DONALD FREDDIE SIDDENS		4. DATE OF DEATH Month Day Year 15 Oct. 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 18 Jan. 1944
9. AGE (In years last birthday) 14	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	11. BIRTHPLACE (City and state or country) Licking, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Glenwood F. Siddens		14. NAME OF HUSBAND OR WIFE never married	
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 Glenwood F. Siddens		Address 105 So. Olive Rolla, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Shot wound in cheek DUE TO (b) Shooting accident. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Wound inflicted by .20 ga. shotgun PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition listed in PART I (a) Accidentally shot by companion			INTERVAL BETWEEN ONSET AND DEATH Instant
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) walked in line of fire	
20c. TIME OF INJURY 5:30 p.m. 10-15-58	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) farm, woodland	
20f. CITY, TOWN, OR LOCATION Rolla		20g. COUNTY STATE Phelps MO	
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at 5:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree title) S. P. Hill - Coroner		22b. ADDRESS Rolla MO	
22c. DATE SIGNED 10/15/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10/13/1958	23c. NAME OF CEMETERY OR CREMATORY Boon Creek Cem.	23d. LOCATION (City, town, or county) (State) Licking, Mo.
24. FUNERAL DIRECTOR ADDRESS Calvin Hill 1100 Elm, Rolla, Mo.		25. DATE RECD. BY LOCAL REG. Oct. 16, 1958	26. REGISTRAR'S SIGNATURE Nadine L. Stoll

Medical, 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

MEDICAL CERTIFICATION

RECEIVED
Phelps County Health
County File Number 11
Date Filed Oct 21 1955

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 me, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Carl J. Glenn

Licensed Embalmer No. 4207
P. O. Address Rolla, 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.