

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-038723**

STATE FILE NUMBER

FILED VS. OCT 28 1959 *66*

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. *79*

MEMENDED

|   |  |  |   |   |  |  |  |
|---|--|--|---|---|--|--|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <i>Washington</i><br>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Irondale</i> Length of stay in lb <i>35 yrs.</i><br>c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>home</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |  |   | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)<br>a. STATE <i>Missouri</i> b. COUNTY <i>Washington</i><br>c. CITY OR TOWN <i>Irondale</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |  |  |
| <b>3. NAME OF DECEASED</b> (Type or print) First <i>Mary</i> Middle <i>Josephine</i> Last <i>Siegel</i>   |  |  | <b>4. DATE OF DEATH</b> Month <i>Oct.</i> Day <i>25</i> Year <i>1959</i>                            |   |  |  |  |
| <b>5. SEX</b> <i>Female</i>   | <b>6. COLOR OF RACE</b> <i>White</i>   | <b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>  | <b>8. DATE OF BIRTH</b> <i>1-13-1891</i>  | <b>9. AGE</b> (last birthday) <i>68 yrs.</i>  | IF UNDER 1 YEAR Months _____ Days _____<br>IF UNDER 24 HR Hours _____ Min. _____ |  |  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <i>housewife</i>   |  | <b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____   |   | <b>11. BIRTHPLACE</b> (City and state or country) <i>Tuam County, Ireland</i>   |  |  |  |
| <b>12. CITIZEN OF WHAT COUNTRY</b> <i>U.S.A.</i>  |  | <b>13a. FATHER'S NAME</b> <i>Michael Byrne</i>   |   | <b>13b. MOTHER'S MAIDEN NAME</b> <i>Catherine Madden</i>  |  |  |  |
| <b>14. NAME OF HUSBAND OR WIFE</b> <i>Richard C. Siegel</i>   |  | <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>  |   | <b>16. SOCIAL SECURITY NO.</b> _____  |  |  |  |
| <b>17. INFORMANT</b> <i>Edwin Siegel, Irondale, Mo.</i>   |  | <b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Bronchial Pneumonia</i><br>DUE TO (b) <i>Influenza</i><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   | INTERVAL BETWEEN ONSET AND DEATH <i>7 days today</i>  |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |  |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  |  |  |  |
| <b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | <b>20a. ACCIDENT SUICIDE HOMICIDE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) |   |  |  |  |
| <b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____  |  | <b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |   |   |  |  |  |
| <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  | <b>20f. CITY, TOWN, OR LOCATION</b>  |   | <b>COUNTY STATE</b>   |  |  |  |
| <b>21. I attended the deceased from</b> <i>Oct 14 1959</i> to <i>Oct 23 1959</i> and last saw her alive on <i>Oct 23 1959</i><br>Death occurred at <i>4:08</i> m on the date stated above, and to the best of my knowledge, from the causes stated.   |  |  |   |   |  |  |  |
| <b>22a. SIGNATURE</b> <i>John W. Hunt Jr. M.D.</i> (Degree or title)  |  |  | <b>22b. ADDRESS</b> <i>Leadwood, Mo</i>   |   | <b>22c. DATE SIGNED</b> <i>10/26/59</i>  |  |  |
| <b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <i>Burial</i>  | <b>23b. DATE</b> <i>10-28-1959</i>   | <b>23c. NAME OF CEMETERY OR CREMATORY</b> <i>Big River Cemetery</i>  |   | <b>23d. LOCATION</b> (City, town, or county) (State) <i>Irondale, Missouri</i>  |  |  |  |
| <b>24. FUNERAL DIRECTOR</b> <i>Bert L. Boyer, Leadwood, Mo.</i> ADDRESS   |  |  | <b>25. DATE RECD. BY LOCAL REG.</b> <i>10/27/59</i>   | <b>26. REGISTRAR'S SIGNATURE</b> <i>Arthur Rudolph</i>  |  |  |  |

(Licensed Embalmer's Statement of Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 8 1959

**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 Beal Lee Boyer

Licensed Embalmer No. 3440

P. O. Address Leadwood, 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.