

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031438

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 979

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB  
 AMENDED

FILED AUG 19 1963

1. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		a. COUNTY Buchanan		b. CITY OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph		d. STREET ADDRESS 1623 1/2 Olive Street	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		a. STATE Missouri		b. COUNTY Buchanan		c. CITY OR TOWN St. Joseph		d. STREET ADDRESS 1623 1/2 Olive	
3. NAME OF DECEASED (Type or print)		First EDNA		Middle B.		Last SIELA		4. DATE OF DEATH Month August Day 13 Year 1963	
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 8-3-1889		9. AGE (last birthday) 74 Years	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY			
Housewife		At Home		Missouri		U.S.A.			
13a. FATHER'S NAME Joseph G. Kessler			13b. MOTHER'S MAIDEN NAME Flora Jung			14. NAME OF HUSBAND OR WIFE Joseph A. Siela			
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.			17. INFORMANT Address Mary Louise Mackiewicz St. Joseph Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:								INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Cerebrovascular accident thrombin recurrent								few minutes	
DUE TO (b) Arteriosclerotic Cardiovascular disease								7	
DUE TO (c)									
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.	
								<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.		Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 7-14-62 to 8-13-63 and last saw her alive on 8-13-63		Death occurred at 3:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Wm B. Rost M.D.				22b. ADDRESS 2605 Frederick St Joseph Mo.		22c. DATE SIGNED 8-14-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-16-63		23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		23d. LOCATION (City, town, or county) Hurlingen		23e. STATE Missouri	
24. FUNERAL DIRECTOR ADDRESS H.O. Sidenfaden & Son St. Joseph Mo.				25. DATE RECD. BY LOCAL REG. Aug. 15, 1963		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell			

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

VS 300 Rev. 4/59  
 1 5117  
 2 5117  
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 4 1  
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 9 422.1  
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 12 290-0  
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Permit issued 8-15-63

211  
211  
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**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 Robert H. Gash

Licensed Embalmer No. 3908

P. O. Address St Joseph, 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.

0-20