# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

0032347

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 2721 Primary Registration District No. 2052 Registrar's No. 226 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

SEF II ED01 64

VS 300 Rev. 4/59

1 0808
2 0710
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED | ITEM NO. | SHOULD READ | INSTEAD OF | BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Morgan
c. CITY OR TOWN Florence
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Star Route
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Carl Middle Christian Last Siegel

4. DATE OF DEATH Month Aug. Day 27, Year 1964

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 11-5-1887

9. AGE (last birthday) 76
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City and state or country) Syracuse, Mo.

12. CITIZEN OF WHAT COUNTRY U SA.

13a. FATHER'S NAME W. Peter Siegel

13b. MOTHER'S MAIDEN NAME Charlotta Raiffeisen

14. NAME OF HUSBAND OR WIFE Roma C. Rasa

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. 499-40-4396

17. INFORMANT Address Mrs. Roma Siegel, Florence Mo.

MEDICAL CERTIFICATION

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 Embolus
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Deep Vein Thrombosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH Seconds ?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Fractured Hip

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE 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 8-25-64, to 8-27-64 and last saw him alive on 8-27-64
Death occurred at 315 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert L. Glass M.D.

22b. ADDRESS 1609 S. Limit

22c. DATE SIGNED 8-28-64

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 8-29-1964

23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem

23d. LOCATION (City, town, or county) Sedalia (State) Mo.

24. FUNERAL DIRECTOR ADDRESS McLaughlin Bros, Sedalia Mo.

25. DATE RECD. BY LOCAL REG. Aug. 29, '64

26. REGISTRAR'S SIGNATURE Frances D. Anderson

(Licensed Embalmer's Statement on Reverse Side)

NOV 16 1964

SEP 2 1964

**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 K. P. McGary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.