

FILED SEP 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH30076
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>5183</u>		Registrar's No. <u>429</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Cape Girardeau		b. CITY (If outside corporate limits, write RURAL and give township) Rural Byrd T.W.P.		a. STATE Missouri		b. COUNTY Cape Gir.	
c. LENGTH OF STAY (In the place) 60 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Rural Byrd		d. STREET ADDRESS (If rural, give location) 5 1/2 Miles Nt. Jackson			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 1/2 miles Nt. Jackson				4. DATE OF DEATH (Month) (Day) (Year) Sept. 7 1956			
3. NAME OF DECEASED (Type or Print)		a. (First) Martin		b. (Middle) H.		c. (Last) Sievers	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 16, 1896	
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months		IF UNDER 11 HRS. Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles H. Sievers		13b. MOTHER'S MAIDEN NAME Lena Wilhelm		14. NAME OF HUSBAND OR WIFE Mary S. Sievers			
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'S SIGNATURE OR NAME Mrs. Mary S. Sievers		ADDRESS Jackson R2	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 15 Minutes	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart Failure					
DUE TO (c) ✓		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201		20. AUTOPSY? ? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>his death</u> , 19 <u>56</u> , to <u>his burial</u> , 19 <u>56</u> , and that death occurred at <u>4:00 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D. K. Healy M.D.				23b. ADDRESS Jackson Mo		23c. DATE SIGNED Sept 14, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 9, 1956		24c. NAME OF CEMETERY OR CREMATORY Russell-Heights		24d. LOCATION (City, town, or county) (State) Jackson Mo.	
DATE REC'D BY LOCAL REG. 9-18-56		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE S. C. Sprague		ADDRESS Jackson, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

44-0

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
Student Embalmer

Signed *E. C. Crawford*

Licensed Embalmer No. *4327*

P. O. Address *Jackson, 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 this body is not embalmed, fact should be so stated above.