

FILED DEC 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39161**

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 4042		Registrar's No. 69	
1. PLACE OF DEATH a. COUNTY BOHNINGER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY WAYNE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LUTESVILLE		c. LENGTH OF STAY (in this place) 3 YRS		c. CITY OR TOWN ZAHMA, RT.		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION BOND NURSING HOME				STREET ADDRESS (If rural, give location) NEAR M^o GEE			
3. NAME OF DECEASED (Type or Print) a. (First) EMANUEL		b. (Middle) JACOB		c. (Last) SITZE		4. DATE OF DEATH (Month) (Day) (Year) NOV. 31 1957	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY 16, 1880	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13a. FATHER'S NAME EMANUEL SITZE		13b. MOTHER'S MAIDEN NAME SUSAN YOUNT		14. NAME OF HUSBAND OR WIFE ETHEL SITZE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ETHEL SITZE, ZAHMA, MO			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Debility & Senility, Hypertension, pneumonia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) (Min.)	
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 2/3, 1956 , to 11/31, 1957 , that I last saw the deceased alive on 11/20, 1957 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE John J. Hyatt MD		(Degree or title) MD		23b. ADDRESS Lutesville Mo		23c. DATE SIGNED 11/29/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11/24/57		24c. NAME OF CEMETERY OR CREMATORY Bohninger Co. Mem. Pk Bohninger, Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 12/2/57		REGISTRAR'S SIGNATURE Mr. Buford Crader		25. FUNERAL DIRECTOR'S SIGNATURE Mr. Lloyd S. Morgan		ADDRESS St. Andrews	

(Licensed Embalmer's Statement on Reverse Side)

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

720.

JAN 17 1958

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..... *Wm. H. Morgan*

Licensed Embalmer No. *464*

P. O. Address *Adelphi, N.Y.*

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.