

FILED APR 18 1957

STANDARD CERTIFICATE OF DEATH

State File No. **14384**

BIRTH NO. _____ REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **3059** Registrar's No. **123**

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MADISON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE	c. LENGTH OF STAY (in this place) 9 DAYS	c. CITY OR TOWN FREDERICKTOWN	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION BONNE TERRE HOSPITAL		STREET ADDRESS (If rural, give location) HIGH STREET - 0621	

3. NAME OF DECEASED a. (First) GERTRUDE b. (Middle) AGNES c. (Last) SITZES			4. DATE OF DEATH (Month) (Day) (Year) APRIL 8 1957		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 17, 1894		9. AGE (in years last birthday) Months Days Hours Min. 63 2 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) BOLLINGER COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN W. COBB	13b. MOTHER'S MAIDEN NAME JOSEPHINE BRECKENRIDGE	14. NAME OF HUSBAND OR WIFE JOHN C. SITZES
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'S SIGNATURE OR NAME ADDRESS JOHN C. SITZES - FARMINGTON, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the liver		INTERVAL BETWEEN ONSET AND DEATH 9 mo.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary site unknown		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 1562
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 **Mar 25**, 19**57**, to **Apr. 8**, 19**57**, that I last saw the deceased alive on **Apr 8**, 19**57** and that death occurred at **6:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert A. Hubstey M.D.	23b. ADDRESS Farmington, MO.	23c. DATE SIGNED 4/11/57
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 11, 1957	24c. NAME OF CEMETERY OR CREMATORY MARCUS MEMORIAL PARK
		24d. LOCATION (City, town, or county) (State) MADISON COUNTY, MO.

DATE REC'D BY LOCAL REG. Apr. 11, 1957	REGISTRAR'S SIGNATURE Ethel Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Adamson - FREDERICKTOWN, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

289-0

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 _____
Signature of Student Embalmer

Signed *F. Adamson*

Licensed Embalmer No. *4357*

P. O. Address *FREDERICK*

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.