FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31960

Registration District No. 27 — Primary Registration District No. 3005 — Registrar's No. 93

1. PLACE OF DEATH:
(a) County: Bates
(b) City or town: Butler (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 507 E. Dakota (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --- In this community: Since 1901 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Bates
(c) City or town: Butler (If outside city or town limits, write "RURAL")
(d) Street No.: 507 E. Dakota (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ADDIE BELL SEELINGER
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Herman Seelinger
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Oct. (Month) 13 (Day) 1872 (Year)

8. AGE: Years 75 Months 11 Days 29 If less than one day hr. min.

9. Birthplace: Taney Co., Iowa (City, town, or county) (State or foreign country)
10. Usual occupation: House wife
11. Industry or business:
MOTHER FATHER
12. Name: Will Thompson
13. Birthplace: Iowa (City, town, or county) (State or foreign country)
14. Maiden name: Sarah
15. Birthplace: Iowa (City, town, or county) (State or foreign country)
16. (a) Informant: Lyle Seelinger
(b) Address: Butler, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10 15 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Oakhill Cemetery
18. (a) Signature of funeral director: Culver-Underwood
(b) Address: Butler, Missouri
19. (a) 10-16-48 (Date received local registrar) (b) Kendall Kirsey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12 year 1948 hour -- minute -- M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Dead on Arrival	
Found at 11:45 AM - 10-12-48 -	
Due to: Acute Heart attack	
Due to: Nephritis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: 132	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature: John G. Underwood M.D. Coroner (M.D. or other)
Address: Butler Mo Date signed: 10-13-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 9-48-1237
Date Filed 10-25-48

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 Horace K. Hill, Registered Apprentice No. 296, working under my personal supervision. Robert G. Steinbeck 200

Signed John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler, Missouri

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.