

FILED NOV 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33403

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 4158 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buffalo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buffalo</u>	
c. LENGTH OF STAY (In this place) <u>98 1/2 years</u>		3. CITY OR TOWN <u>Buffalo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jacob</u> b. (Middle) <u>Anderson</u> c. (Last) <u>Seitz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 22 1949</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Nov 23-1855</u>	9. AGE (In years last birthday) <u>94</u>	10. IF UNDER 1 YEAR Days <u>10</u> Hours <u>29</u> If UNDER 24 Hrs. Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Cumberland Co. Penn</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>J. S. Seitz</u>	13b. MOTHER'S MAIDEN NAME <u>Barbara Annastacy</u>	14. NAME OF HUSBAND OR WIFE <u>Alice Seitz</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Lucille Norman</u> ADDRESS <u>Buffalo, Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Coronary sclerosis</u> DUE TO (c) <u>Atheroma</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4701</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 30, 1949, to Oct. 22, 1949, that I last saw the deceased alive on Oct. 22, 1949, and that death occurred at 11:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.P.</u>	23b. ADDRESS <u>Buffalo, Missouri</u>	23c. DATE SIGNED <u>10-24-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-25-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>Buffalo, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-5-49</u>	REGISTRAR'S SIGNATURE <u>Max J. B. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Montgomery-Jaughan</u> ADDRESS <u>Buffalo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300

RECEIVED

District Health Officer No. 7,

District File Number 10-47-1327

Date Filed 11-2-49

**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.

Signed Blyde Montgomery

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3592

P. O. Address Buffalo, 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.