S. No. 300
V. 10.48

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FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7515

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY: AUDRAIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MEXICO, MO.
c. LENGTH OF STAY (In this place): 2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GENARIL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: AUDRAIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL, 5MI. N.W. OF LADDONIA, MO. (prairie)
d. STREET ADDRESS (If rural, give location): 8045

3. NAME OF DECEASED (Type or Print)
a. (First): DORTHY
b. (Middle): LOUIES
c. (Last): SEIGER

4. DATE OF DEATH (Month) (Day) (Year): 3-12-1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 11-16-1908
9. AGE (In years last birthday): 41 — If under 1 year: Months 3, Days 27 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): RUSH HILL, MO. (O)
12. CITIZEN OF WHAT COUNTRY?: U S

13a. FATHER'S NAME: GEORGE DEBERIN
13b. MOTHER'S MAIDEN NAME: JUILA GISEL
14. NAME OF HUSBAND OR WIFE: ED SEIGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME: MR. ED SEIGER — ADDRESS: LADDONIA, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Septicemia — INTERVAL BETWEEN ONSET AND DEATH: 3 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Furunclosis — 3 wk
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 6 mo

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ 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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from Mar 10, 1950, to Mar 11, 1950, that I last saw the deceased alive on Mar 11, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): R W Paige MD
23b. ADDRESS: Laddonia Mo.
23c. DATE SIGNED: Mar 13-1950

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-13-1950
24c. NAME OF CEMETERY OR CREMATORY: LADDONIA CEMETERY
24d. LOCATION (City, town, or county) (State): LADDONIA, MO.

DATE REC'D BY LOCAL REG.: Mar 13 1950
REGISTRAR'S SIGNATURE: Blanche Neely
25. FUNERAL DIRECTOR'S SIGNATURE: Clyde E Wiseley — ADDRESS: Perry Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 20 1958
District Health Officer No. 10
District File Number 3-38-48
Date Filed MAR 20 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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perryville, 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.