

No. 300  
10.48  
FILED MAY 23 1950THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17717

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 5935		Registrar's No. 185			
1. PLACE OF DEATH a. COUNTY <b>PETTIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PETTIS</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL</b>			c. LENGTH OF STAY (In this place) <b>40 years</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL</b>			0800 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Route # 4, Sedalia, Mo.</b>				d. STREET ADDRESS (If rural, give location) <b>Route # 4, Sedalia, Mo</b>					
3. NAME OF DECEASED (Type or Print) <b>MARY</b>			a. (First)		b. (Middle)		c. (Last) <b>SEIFNER</b>		
4. DATE OF DEATH <b>May 12, 1950</b>		(Month) (Day) (Year)		5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>May 15, 1868</b>		9. AGE (In years last birthday) <b>83</b>		IF UNDER 1 YEAR Months Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Bohemia</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>John Schuber</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Schuber</b>			14. NAME OF HUSBAND OR WIFE <b>Charles Seifner</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss MaryAnn Seifner, Rt. #4, Sedalia, Mo</b>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Heart Disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerosis, Generalized</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>7 20 1</b>				INTERVAL BETWEEN ONSET AND 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)					
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 <b>7 May, 1950</b> , to <b>12 May, 1950</b> , that I last saw the deceased alive on <b>11 May, 1950</b> , and that death occurred at <b>11:30 AM</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>P. U. Siegel M.D.</b> (Degree or title)				23b. ADDRESS <b>Sedalia Mo</b>		23c. DATE SIGNED <b>5/14/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial ( )</b>		24b. DATE <b>May 15, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo.</b>				
DATE REC'D BY LOCAL REG. <b>5-15-1950</b>		REGISTRAR'S SIGNATURE <b>A. J. Campbell M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D. W. Eckart</b>		ADDRESS <b>Sedalia Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 22  
District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5/22/58

**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 .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3470

P. O. Address Seaboard, 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.