

FILED JUN 22 1951 STANDARD CERTIFICATE OF DEATH

State File No. 21869

BIRTH NO. _____		REG. DIST. NO. 362		PRIMARY REG. DIST. NO. 4531		Registrar's No. 48	
1. PLACE OF DEATH a. COUNTY Warren				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE New Jersey b. COUNTY Bergen			
b. CITY (If outside corporate limits, write RURAL and give town) Warrenton		c. LENGTH OF STAY (In this place) 2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) Ridgefield Park		8290	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 25 College Place			
3. NAME OF DECEASED (Type or Print) a. (First) Mina		b. (Middle) M.		c. (Last) Seeley		4. DATE OF DEATH (Month) (Day) (Year) June 8, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 10, 1885		9. AGE (In years last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Warren County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME A. Otto Menkhoff		13b. MOTHER'S MAIDEN NAME Anna Knigge		14. NAME OF HUSBAND OR WIFE Harry Seeley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. F.H. Knigge, Warrenton, 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) <i>Cerebral Arteriosclerosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 5/26/1951, to 6/8/1951, that I last saw the deceased alive on June 8, 1951, and that death occurred at 7:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE <i>F. H. Knigge</i> (Degree or title) D. C. I.				23b. ADDRESS Warrenton, Mo.		23c. DATE SIGNED 6/8/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 6/13/1951		24c. NAME OF CEMETERY OR CREMATORY N.Y. & N.J. Cremation Co. No. Bergen, N. J.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 6-8-51		REGISTRAR'S SIGNATURE <i>Floyd Logan</i> 421		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. W. Nieburg & Co, Warrenton, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUN 21 1951

RECEIVED

JUN 22 1951

JUN 8 1951

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 *John Shielburg*

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.