

FILED AUG 14 1951

STANDARD CERTIFICATE OF DEATH

State File No. 24090

1841

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 303 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Balvian</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Balvian</u>	
c. LENGTH OF STAY (In this place) <u>15 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>506 Lillian St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>506 Lillian St.</u>		d. STREET ADDRESS (If rural, give location) <u>506 Lillian St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Lee</u> c. (Last) <u>Seiner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 29 1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Oct 3 1869</u>
9. AGE (In years last birthday) <u>81</u>		10. MONTH (Day) (Year) <u>9 26</u>	
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 <u>Retired Farmer</u>	
11. BIRTH PLACE (State or foreign country) <u>Nashville Tenn.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Gless Seiner</u>		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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Buck Seiner</u> ADDRESS <u>Balvian Mo</u>	
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, athermia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute heart failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hypertensive myocarditis</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443x</u>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 <u>July 27, 1951</u> , to <u>July 29, 1951</u> , that I last saw the deceased alive on <u>July 29, 1951</u> , and that death occurred at <u>8:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Doyle McEwan M.D.</u>		23b. ADDRESS <u>Balvian Mo</u>	
23c. DATE SIGNED <u>7/31/51</u>			
23d. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23e. DATE <u>Aug 1 1951</u>	
24. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Balvian Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 31, 1951</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon</u> ADDRESS <u>1300 E. 1st St. Balvian Mo</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Green</u>		ADDRESS <u>7 Blue Balvian Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED AUG 7 1951

Dist. File 851-1522

Date Filed 8-9-51

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 Steward B. Erwin

Licensed Embalmer No. 3092

P. O. Address Ballicar, 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.