

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34199**

FILED OCT 26 1951

542
0

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY OR TOWN <u>Lexington</u>		c. CITY OR TOWN <u>Lexington</u>	
c. LENGTH OF STAY (In this place) <u>286 day</u>		d. STREET ADDRESS (If rural, give location) <u>1905 South Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JULIA</u> b. (Middle) <u>KATHERINE</u> c. (Last) <u>SEITER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 7, 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 6, 1878</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (State or foreign country) <u>Lexington, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John L. Gillen</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Zeile</u>	14. NAME OF HUSBAND OR WIFE <u>John M. Seiter</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>John M. Seiter, Lexington, Missouri</u>	ADDRESS
--	-------------------------------------	--	---------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>18 mos.</u> <u>" "</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Cardio-renal vascular disease</u>		
	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>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>	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.) <u>-</u>	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 Oct. 7, 1950, to Oct. 7, 1951, that I last saw the deceased alive on Oct. 7, 1951, and that death occurred at 05 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>Ben H. Brasler MD</u> (Degree or title)	23b. ADDRESS <u>Lexington, Mo</u>	23c. DATE SIGNED <u>10-17-51</u>
---	-----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>October 9, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wachpelah</u>	24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri.</u>
---	----------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>10-25-51</u>	REGISTRAR'S SIGNATURE <u>M. M. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>...</u> ADDRESS
--	--	---

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

RECEIVED OCT 25 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed OCT 25 1951

OCT 31 1950

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

W. McKeon

Signed.....
Student Embalmer

Licensed Embalmer No. 7983

P. O. Address Springfield, Missouri

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.