

FILED MAR 15 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH5250  
State File No. 1008

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>25</b> years		c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		2078 300	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1817 East 67th Street</b>				d. STREET ADDRESS (If rural, give location) <b>1817 East 67th Street</b>			
3. NAME OF DECEASED (Type or Print) <b>MRS. SARAH</b>		a. (First)		b. (Middle)		c. (Last) <b>SEILEMAN</b>	
4. DATE OF DEATH <b>Feb 28 1952</b>		4. DATE (Month) (Day) (Year)		5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>		8. DATE OF BIRTH <b>Aug 17 1866</b>		9. AGE (In years last birthday) <b>85</b>		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
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>DUNNIGAN MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>HENRY BAKER</b>		13b. MOTHER'S MAIDEN NAME <b>LUCINDA TAYLOR</b>		14. NAME OF HUSBAND OR WIFE <b>JOHN B SEILEMAN</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>NO</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Bertha Jane Seileman</i> <b>1817 East 67th St</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Heart failure</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic myocardial &amp; valvular aortic disease.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Sanity</i>				INTERVAL BETWEEN ONSET AND DEATH  <b>42 2/3</b>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Sgt.</u> , 1951, to <u>Feb 28</u> , 1952, that I last saw the deceased alive on <u>Feb. 22</u> , 1952, and that death occurred at <u>10:15A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Esther Winkelman</b> (Degree or title)				23b. ADDRESS <b>7449 Broadway</b>		23c. DATE SIGNED <b>3-1, 1952</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar 3 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>	
DATE REC'D BY LOCAL REG <b>3-3-52</b>		REGISTRAR'S SIGNATURE <i>Sheraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Pauline C. Quinn</i>		ADDRESS <b>20W LINWOOD</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Forrest D Coldsnow*

Licensed Embalmer No. *4714*

P. O. Address *Kansas City 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.