

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17030**

FILED JUN 12 1952

BIRTH NO.		REG. DIST. NO. 160	PRIMARY REG. DIST. NO. 3030	Registrar's No. 36
1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JEFFERSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FESTUS	c. LENGTH OF STAY (in this place) 20 YRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FESTUS FESTUS, MO. 0502		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 712 JOACHIM. ST. 0		
3. NAME OF DECEASED (Type or Print) a. (First) SEBA		b. (Middle) WEISS	c. (Last) FILER	4. DATE OF DEATH (Month) (Day) (Year) JUNE 1 1952
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	8. DATE OF BIRTH APRIL 16 1904	9. AGE (10 years last birthday) 48 IF UNDER 1 YEAR Months Days IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) DOE RUN, MO. 0	12. CITIZEN OF WHAT COUNTRY? AMERICAN
13a. FATHER'S NAME NARLEN M. GELSEN		13b. MOTHER'S MAIDEN NAME DORA BECK	14. NAME OF HUSBAND OR WIFE DECEASED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO		16. SOCIAL SECURITY NO. 493-03-4140	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. HAROLD M. VANCE CRYSTAL CITY	
18. NO 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) Coronary thrombosis ANTECEDENT CAUSES DUE TO (b) Coronary sclerosis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lues, late.		INTERVAL BETWEEN ONSET AND DEATH 1 hrs. 2 mos. 8 years. 25 yrs (7)
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION ----		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201 B	
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 Dec 27, 1936 , to June 1, 1952 , that I last saw the deceased alive on June 1, 1952 , and that death occurred at 4:15 P. m. , from the causes and on the date stated above.				
23a. SIGNATURE John F. Rutledge, M.D.		23b. ADDRESS Crystal City, Mo.		23c. DATE SIGNED 6-2-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 4 1952	24c. NAME OF CEMETERY OR CREMATORY PENDLETON BAPTIST	24d. LOCATION (City, town, or county) (State) DOE RUN MO.	
DATE REC'D BY LOCAL REG. 6-3-52	REGISTRAR'S SIGNATURE Geanty R. Pelitto	FUNERAL DIRECTOR'S SIGNATURE James R. Coady		ADDRESS CRYSTAL CITY

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

1502

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DATE RECEIVED JUN 11 1962
HILLSBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT

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 James Richard Cadry

Licensed Embalmer No. 4309

P. O. Address Crested 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.