

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20547**

FILED JUN 10 1953

BIRTH NO. _____ REG. DIST. NO. **369** PRIMARY REG. DIST. NO. **4538** Registrar's No. **10**

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Wayne | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wayne | |
| b. CITY (If outside corporate limits, write RURAL and give township) Redmont | | c. CITY (If outside corporate limits, write RURAL and give township) Redmont | |
| c. LENGTH OF STAY (in this place) | | 11:0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) 0 | |

| | | | | | |
|---|----------------------------------|--|--|--|---|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) EDWARD | b. (Middle) HENRY | c. (Last) SEITZ | (Month) 5 | (Day) 27 | (Year) 53 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH Sept. 1, 1894 | | 9. AGE (In years last birthday) 68 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegrapher & Agent | | 10b. KIND OF BUSINESS OR INDUSTRY Missouri Railroads | 11. BIRTHPLACE (State or foreign country) Millbrook, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Henry Seitz | | 13b. MOTHER'S MAIDEN NAME Margaret Seitz | | 14. NAME OF HUSBAND OR WIFE Lester Hickson | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Lester Seitz | |
| | | | | ADDRESS Redmont, Mo. | |

| | | | | | |
|--|--|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hypertension | | II. OTHER SIGNIFICANT CONDITIONS colic | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension | | | |
| | | DUE TO (c) | | | |

| | | |
|--|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 443X | 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 _____, 19____, to **3/27**, 19**53**, that I last saw the deceased alive on **5/27/53**, and that death occurred at **5:45 P.M.**, from the causes and on the date stated above.

| | | | |
|--|--|---|---|
| 23a. SIGNATURE H. H. Cline, M.D. | (Degree or title) | 23b. ADDRESS Redmont, Mo. | 23c. DATE SIGNED 6/2/53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 5-31-53 | 24c. NAME OF CEMETERY OR CREMATORY Maple | 24d. LOCATION (City, town, or county) (State) Redmont Mo. |
| DATE REC'D BY LOCAL REG. June 2, 1953 | REGISTRAR'S SIGNATURE Hazel Ward | 25. FUNERAL DIRECTOR'S SIGNATURE Harmon H. Cook | ADDRESS Redmont, Mo. |

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

RECEIVED

JUN 8 1953

WAYNE CO. HEALTH CENTER

FILE No. 653-21

JUL 1 1953

MAR 1 1956

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Marvin E. Bowler*

Licensed Embalmer No. 11426

P. O. Address Quidman, 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.