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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30833**

FILED SEP 9-1953

360

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. <u>3076</u>		Registrar's No. <u>126</u>	
1. PLACE OF DEATH a. COUNTY VERNON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BATES			
b. CITY (If outside corporate limits, write RURAL and give township) NEVADA		c. LENGTH OF STAY (In this place) 2 DAYS		c. CITY OR TOWN RICH HILL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEVADA CITY HOSP.				e. STREET ADDRESS (If rural, give location) 00701			
3. NAME OF DECEASED (Type or Print) JOHN		a. (First)		b. (Middle)		c. (Last) SEITZ	
4. DATE OF DEATH (Month) (Day) (Year) AUGUST-25-1953		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH JULY-2-1889		9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY COAL		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME JOHN SEITZ		13b. MOTHER'S MAIDEN NAME TERESIA BACKER		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W.-1		16. SOCIAL SECURITY NO. 9218-5648		17. INFORMANT'S SIGNATURE AND NAME <i>George Seitz Rich Hill Mo.</i>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis, generalized ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Perforation, ulcer, posterior wall of stomach DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.				INTERVAL BETWEEN ONSET AND DEATH 2 days 2 days	
19a. DATE OF OPERATION Aug. 24, 1953		19b. MAJOR FINDINGS OF OPERATION Perforation, ulcer, posterior wall of stomach. 5400				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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>Aug. 24</u> , 19 <u>53</u> , to <u>Aug. 25</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Aug. 25</u> , 19 <u>53</u> , and that death occurred at <u>11:35P.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Hallett M. D.</i>				23b. ADDRESS Moore Building, Nevada, Missouri		23c. DATE SIGNED 29 Aug 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG-28-1953		24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEM.		24d. LOCATION (City, town, or county) (State) RICH HILL, MISSOURI	
DATE REC'D BY LOCAL REG. 8-31-53		REGISTRAR'S SIGNATURE <i>Anna E. Furry</i>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Booth Funeral Home, Rich Hill, Mo.</i>			

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.....
Signature of Student Embalmer

Signed *Robert G. Steinbuch*.....

Licensed Embalmer No. *465*

P. O. Address *Butler, Pa.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.