

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31090**

FILED OCT 5 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1044

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| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>424 N. 16th Street</u> | | d. STREET ADDRESS (If rural, give location) <u>424 N. 16th Street</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Frederick</u> c. (Last) <u>Seitz</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>September 25, 1953.</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | |
| 8. DATE OF BIRTH <u>May 9, 1873</u> | | 9. AGE (In years last birthday) <u>80</u> | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dealer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Fuel Oil</u> | | 11. BIRTHPLACE (State or foreign country) <u>Andrew County, Missouri.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | | |

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| 13a. FATHER'S NAME <u>John Seitz</u> | | 13b. MOTHER'S MAIDEN NAME <u>Katherine Wenz</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ollie J. Seitz</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 ADDRESS <u>Mrs. Ollie J. Seitz St. Joseph, Mo.</u> | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary infarction</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Coronary Sclerosis and previous infarction</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> <u>7 mo.</u> | |
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| 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) | | 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 Feb. 9, 1953, to Sept. 25, 1953 that I last saw the deceased alive on Sept. 25, 1953, and that death occurred at 7:30A m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>T. L. Howden M.D.</u> | | 23b. ADDRESS <u>620 Francis Street, City.</u> | | 23c. DATE SIGNED <u>9/25/53</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Sept. 28, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u> | |
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| DATE REC'D BY LOCAL REG. <u>Sept 30, 1953</u> | | REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Meierhoffer-Flaman, Inc. St. Joseph, Mo.</u> | |
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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 _____
**** *****

Student Embalmer No. *** **

working under my personal supervision.

Student
Student Embalmer

Signed *Raymond W. Harbeck*
Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, 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.