

STANDARD CERTIFICATE OF DEATH

42440

State File No.

FILED DEC 29 1953

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5344 Registrar's No. 53-104

1. PLACE OF DEATH
 a. COUNTY Dade
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural N. Morgan twp. c. LENGTH OF STAY (in this place) 15 years
 d. FULL NAME OF HOSPITAL OR INSTITUTION 5mi N.W. Dadeville (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Dade
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural N. Morgan twp. d. STREET ADDRESS (If rural, give location) 5mi N.W. Dadeville

3. NAME OF DECEASED (Type or Print)
 a. (First) Mary b. (Middle) - c. (Last) Seybert 4. DATE OF DEATH (Month) (Day) (Year) Dec. 17, 1953

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 8. DATE OF BIRTH Sept 19, 1879 9. AGE (In years last birthday) 74 2 MONTHS 29 DAYS - HOURS - MIN. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and State or Foreign Country) Dade County, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Seybert 13b. MOTHER'S MAIDEN NAME Jennie Johnson 14. NAME OF HUSBAND OR WIFE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Mr. Roger Seybert ADDRESS Greenfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coma
 ANTECEDENT CAUSES Diabetes Mellitus
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Diabetes Mellitus
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
 INTERVAL BETWEEN ONSET AND DEATH yes.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) 260 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from After Death, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.R. Allison Coroner 23b. ADDRESS Greenfield Mo 23c. DATE SIGNED 12-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12-20-1953 24c. NAME OF CEMETERY OR CREMATORY Vaughn Cemetery 24d. LOCATION (City, town, or county) (State) Dade County, Mo.

DATE REC'D BY LOCAL REG. 12-22-53 REGISTRAR'S SIGNATURE J. C. Canada 478 25. FUNERAL DIRECTOR'S SIGNATURE J. C. Canada ADDRESS Greenfield, Mo.

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 J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.