

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43169**
Registrar's No. **5659**

FILED DEC 15 1953

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5659**

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 60 yrs	c. CITY OR TOWN Kansas City		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. 3240 East 28th St.			e. STREET ADDRESS (If rural, give location) 3240 East 28th St. 3388		
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle) L.	c. (Last) SEUFERT		4. DATE OF DEATH (Month) (Day) (Year) 11 30 53
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-7-1866	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Hardware	11. BIRTHPLACE (City and State or Foreign Country) Lancaster, New York		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Louis L. Seufert		13b. MOTHER'S MAIDEN NAME Barbara Leininger		14. NAME OF HUSBAND OR WIFE Ida Seufert	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. 494-16-8825	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ida Seufert, 3240 E. 28th, KC Mo			
---	---	---	--	--	--

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) Acute Right Heart Failure (Sudden)			INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Pulmonary Emphysema (Sudden)			(years)
	DUE TO (c) Chronic Bronchial Asthma			(years)
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mild Coarctation of aorta Chronic Hypertrophy of Prostate			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None			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.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR None		

22. I hereby certify that I attended the deceased from **Oct 1, 1953**, to **Nov 30, 1953**, that I last saw the deceased alive on **11-28, 1953**, and that death occurred at **6:45 Am.**, from the causes and on the day specified above.

23a. SIGNATURE J. Harvey Jennett, M.D. (Degree or title)		23b. ADDRESS 424 Professional Bldg. KC Mo	23c. DATE SIGNED 11-30-53
---	--	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-2-1953	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
--	-------------------------------	---	--	--

DATE REC'D BY LOCAL REG. 12-1-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Wagner, K C 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.....
Signature of Student Embalmer

Signed *Alvin R. Hansen*.....

Licensed Embalmer No. *4157*.....

P. O. Address *K. E. W.*.....

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.