

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **1058**

**FILED FEB 1 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **4203** Registrar's No. **15**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <b>Grundy</b>	b. STATE <b>Mo</b>	c. COUNTY <b>Grundy</b>	d. CITY (If outside corporate limits, write RURAL and give township)
b. CITY OR TOWN <b>Laredo</b>	c. LENGTH OF STAY (In this place) <b>10 yrs</b>	c. CITY OR TOWN <b>Laredo</b>	d. STREET ADDRESS (If rural, give location) <b>0400</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <b>RAY</b>	b. (Middle) <b>E</b>	c. (Last) <b>SEITZ</b>	<b>1-26-1954</b>		
<b>5. SEX</b> <b>M</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Oct 30 1876</b>		<b>9. AGE</b> (In years last birthday) <b>77</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired School Adm.</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Greenville Mo</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>

<b>13a. FATHER'S NAME</b> <b>Enoch Seitz</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Anna Reulin</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Grace Seitz</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>yes</b>	<b>16. SOCIAL SECURITY NO.</b> <b>492-36-9158</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs Grace Seitz</b>		<b>ADDRESS</b> <b>Laredo Mo</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary occlusion</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <b>2 yrs</b>
	<b>ANTECEDENT CAUSES</b> As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. - <b>DUE TO (b)</b> <b>Arterio Sclerosis</b>		
	<b>DUE TO (c)</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>4201</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from Feb 19, 1954, to Jan 26, 1954, that I last saw the deceased alive on Feb 20, 1954, and that death occurred at 8:15 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>J. Francis M.D.</b>	<b>23b. ADDRESS</b> <b>Wentworth Mo</b>	<b>23c. DATE SIGNED</b> <b>1-27-54</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>1-29-1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Harris Cem.</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Harris Mo</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>1-29-54</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. Irene Jai</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>PK Raymston</b>	<b>ADDRESS</b> <b>Galt Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300  
48

1961 JAN 7 8AM  
FEB 17 1963

**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 PK Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

**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.