

FILED NOV 8 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33132

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1130			
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. LENGTH OF STAY (in this place) <u>31 Yrs.</u>		c. CITY OR TOWN <u>St. Joseph</u>		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 <u>615 So. 13th St.</u>				STREET ADDRESS (If rural, give location) <u>615 So. 13th St.</u> <u>01170</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSINA</u> b. (Middle) <u>SEUFERT</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 26, 1954</u>						
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 21, 1896</u>		9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hour _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Basil Glotzbaeh</u>		13b. MOTHER'S MAIDEN NAME <u>Staedtler, Mary</u>		14. NAME OF HUSBAND OR WIFE <u>Herman Seufert</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herman Seufert, St. Joseph, Mo.</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paralysis - Right</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive heart disease</u> 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 <u>18 hrs.</u> <u>4 years.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</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 <u>March</u> , 19 <u>48</u> , to <u>Oct. 26</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Oct 25</u> , 19 <u>54</u> , and that death occurred at <u>6:00 A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dorothy Slonig, MD</u>				23b. ADDRESS <u>970 Franklin St. Joseph, Mo.</u>		23c. DATE SIGNED <u>26 Oct 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 28/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Ceme.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>Nov 3, 1954</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> 485		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barry Funeral Home, St. Joseph, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 17 1954

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 *Victor J. Barry*.....

Licensed Embalmer No. *H. 2*

P. O. Address *St. Joseph*

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.