

FILED NOV 1 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. 9585

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9585	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Illinois</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place) <i>Stay</i>		c. CITY OR TOWN <i>Benton</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				STREET ADDRESS (If rural, give location) <i>R. R. 3</i> <i>812 B</i>			
3. NAME OF DECEASED (Type or Print) FRANK		a. (First)		b. (Middle) T.		c. (Last) SEILER	
4. DATE OF DEATH October 21, 1954		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>Jan. 10, 1866</i>		9. AGE (In years last birthday) Months Days <i>88 9 11</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Wabash County Ind.</i>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <i>Frederick Seiler</i>		13b. MOTHER'S MAIDEN NAME <i>Geneva Reagin</i>		14. NAME OF HUSBAND OR WIFE <i>Susan West Seiler</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Rev. Geo. Bole Barner First Chh. Benton</i>			
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) <u>Bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>5 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		21f. HOW DID INJURY OCCUR? <i>491X</i>	
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"/>		22. I hereby certify that I attended the deceased from <u>10-16-</u> , 19 <u>54</u> , to <u>10-21-</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10-21-</u> , 19 <u>54</u> , and that death occurred at <u>5:00 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>William D. Perry</i>		(Degree or title) <i>0</i>		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 10-21-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>Oct. 27/54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Pleasant Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>Benton Ind.</i>	
DATE REC'D BY LOCAL REG. OCT 22 1954		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>McBee - Campbell Mortuary 5165 Duquesne St.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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 *Rev. E Campbell*.....

Licensed Embalmer No. *3881*.....

P. O. Address *W. 8th St.*.....

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.