

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43320**  
**5918**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> <u>0190</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Belton</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>Three</u>		e. STREET ADDRESS (If rural, give location) <u>3 miles east &amp; 1 mile north of Belton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Erwin</u>	b. (Middle) <u>Daniel</u>	c. (Last) <u>SEBA</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-26-54</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>4-26-01</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Napoleon Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>George W. Seba</u>	13b. MOTHER'S MAIDEN NAME <u>Lydia L. Woeltemeyer</u>	14. NAME OF HUSBAND OR WIFE <u>Clara M. Seba</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clara Seba</u> ADDRESS <u>Belton Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>4.5 hrs</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Tumor, malignant</u>		
	ANTECEDENT CAUSES Morbidity 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>193X</u>	

19a. DATE OF OPERATION <u>12-25-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>findings of brain tumor but could not top</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>for funeral home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (STATE) <u>Belton Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 9-7-1954 to 12-26-1954, that I last saw the deceased alive on 12-26-1954, and that death occurred at 3:15 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>L. B. Knight</u> (Print name) (Degree or title) <u>MD</u>	23b. ADDRESS <u>Summit Hill</u>	23c. DATE SIGNED <u>12-27-54</u>
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24a. BURIAL CREMATION (REMOVAL) (Specify) <u>buried</u>	24b. DATE <u>12-28-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Belton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Belton Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-28-54</u>	REGISTRAR'S SIGNATURE <u>neva minshall</u>	EMERALD DIRECTOR'S SIGNATURE <u>Chas. J. ...</u> ADDRESS <u>Belton Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Seaman*

**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 *Stephen E. Goddard*

Licensed Embalmer No. *491*

P. O. Address *Grandview*

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.