

No. 300
10-48

18463

FILED JUN 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO.		REG. DIST. NO. <u>142</u>		PRIMARY REG. DIST. NO. <u>5872</u>		Registrar's No. <u>21</u>		
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>				
b. CITY (If outside corporate limits, give street and town) <u>Mountain View</u>		c. LENGTH OF STAY (in this place) <u>12 hours</u>		c. CITY OR TOWN <u>Willow Springs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>0460</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ivan</u> b. (Middle) <u>D</u> c. (Last) <u>Seiber</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 30, 1955</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>6/7/1888</u>		
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF OVER 1 YEAR Years <u> </u> Months <u> </u> Days <u> </u>		IF OVER 24 HRS. Hours <u> </u> Min. <u> </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common labor</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Douglas county, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Mathew Seiber</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Jane Edmonds</u>			14. NAME OF HUSBAND OR WIFE <u>Cora Collins Seiber</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cora Seiber</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.			18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute attack of chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis + endocarditis</u> DUE TO (c) <u>Rheumatic Fever</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mal-nutrition</u>				INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs.</u> <u>?</u> <u>4 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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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>May 30, 1955</u> , to <u>May 30, 1955</u> , that I last saw the deceased alive on <u>May 30, 1955</u> , and that death occurred at <u>3:30 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Harold W. Miller M.D.</u>				23b. ADDRESS <u>Willow Springs Mo.</u>		23c. DATE SIGNED <u>6/2-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6/3/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little Zion cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Douglas County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6/14/55</u>		REGISTRAR'S SIGNATURE <u>Laura J. Mitchell</u>		FURNERAL DIRECTOR'S SIGNATURE <u>J. Burns</u>		ADDRESS <u>Willow Springs, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. C. Burns*.....
Licensed Embalmer No. 3379

P. O. Address Willow Spri

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.**