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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26761

State File No. _____

FILED AUG 29 1955

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 55-96 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give town) RURAL-VALLE		c. CITY OR TOWN DE SOTO	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) NONE		f. STREET ADDRESS (If rural, give location) 707 PLATTIN ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION HIGHWAY 67			

3. NAME OF DECEASED a. (First) ARGUS b. (Middle) MARTIN c. (Last) SEEL			4. DATE OF DEATH (Month) (Day) (Year) 8-21-55			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 13, 1903	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY RY. CAR SHOPS	11. BIRTHPLACE (City and State or Foreign Country) BONNE TERRE, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME DAVID SEEL		13b. MOTHER'S MAIDEN NAME LILLY MILLER	14. NAME OF HUSBAND OR WIFE IRENE SEEL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 497-03-9056	17. INFORMANT'S SIGNATURE OR NAME IRENE SEEL ADDRESS DE SOTO, MO.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auto mobile collision - fractured skull		INTERVAL BETWEEN ONSET AND DEATH
	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.		

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) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) H. Way 67	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Valle Township Jefferson MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 21 1955 1:50	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car wreck

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. R. Edwards, M.D. 3rd Class		23b. ADDRESS Cedar Hill Mo	23c. DATE SIGNED 8/22/55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8/24/55	24c. NAME OF CEMETERY OR CREMATORY MARVIN CHAPEL	24d. LOCATION (City, town, or county) (State) ST. FRANCOIS CO. MO.
DATE REC'D BY LOCAL REG. 8-23-55	REGISTRAR'S SIGNATURE Marie Parria	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. LEE MOTHERSHEAD DE SOTO, MO.	

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

AUG 20 1955

DATE RECEIVED

AUG 25 1955

SEP 2 1955

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.....
Licensed Embalmer No.....

P. O. Address.....

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.