

FILED OCT 7 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 30128

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe	
c. LENGTH OF STAY (in this place) 41 yrs.		d. STREET ADDRESS (If rural, give location) 729 Graves St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 729 Graves St.			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) E. c. (Last) CARLSTED			4. DATE OF DEATH (Month) (Day) (Year) Oct. 1, 1955		
5. SEX Fem.		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH June 19, 1864		9. AGE (In years last birthday) 91		10. IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) Burgstahl, Germany	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Anton Seidel		13b. MOTHER'S MAIDEN NAME Josephine Shaffer		14. NAME OF HUSBAND OR WIFE XX	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. XX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Anna Carlsted, Chillicothe, Mo.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Terminal, Bronchial			INTERVAL BETWEEN ONSET AND DEATH 2 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Sclerosis Severe			5 yrs
		DUE TO (c) Senile Dementia			1 yr
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured Hip Nailed			1 yr

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500 F		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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Jan 1, 1950, to Oct 1, 1955, that I last saw the deceased alive on Sept 29, 1955, and that death occurred at 1:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph A. Conrad M.D.		23b. ADDRESS Chillicothe, Mo.		23c. DATE SIGNED Oct 5 55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 4, 1955		24c. NAME OF CEMETERY OR CREMATORY Catholic cemetery	
				24d. LOCATION (City, town, or county) (State) Chillicothe, Mo.	

DATE REC'D BY LOCAL REG. Oct-6-55		REGISTRAR'S SIGNATURE Frances B. Neill		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Donald Jordan - Chillicothe Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 1958

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
Student Embalmer

Signed Richard H. Randall

Licensed Embalmer No. H. 8166

P. O. Address Chillicothe, Mo.

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 this body is not embalmed, fact should be so stated above.