No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30298

BIRTH NO. _____ REG. DIST. NO. 256 PRIMARY REG. DIST. NO 5879 Registrar's No. 9

0760

1. PLACE OF DEATH
a. COUNTY: OSAGE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MORRISON
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MORRISON R.F.D.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: OSAGE
c. CITY OR TOWN: MORRISON
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): R.F.D.

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3. NAME OF DECEASED (Type or Print)
a. (First): ELLEN
b. (Middle): L
c. (Last): SEIFERT

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 13-1955

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 15 1879
9. AGE (In years last birthday): 75 — If under 1 year: Months 9, Days 28; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: farmer
11. BIRTHPLACE (City and State or Foreign Country): Morrison Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Seifert
13b. MOTHER'S MAIDEN NAME: Minnie Paulk
14. NAME OF HUSBAND OR WIFE: Emma Manske

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.: ------
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Emma Seifert
ADDRESS: Morrison R.F.D.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: instantly

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 10-15 yrs
DUE TO (c) arteriosclerosis. — 10-20 yrs.

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: 331X.
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* on 9-13, 1955, to only ____, 19__, *that I last saw the deceased alive on* 1-15, 1954, *and that death occurred at* 6:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. B. Farnsworth D.O.
23b. ADDRESS: Chamois, Mo.
23c. DATE SIGNED: 9-18-55

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9/16/55
24c. NAME OF CEMETERY OR CREMATORY: Good Hope
24d. LOCATION (City, town, or county) (State): Morrison MO

DATE REC'D BY LOCAL REG.: 9-16-55
REGISTRAR'S SIGNATURE: Anna Moran 448
25. FUNERAL DIRECTOR'S SIGNATURE: Clyde Morton
ADDRESS: Linn Mo

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Vernon Morton

Licensed Embalmer No. 41

P. O. Address. Lum

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