

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32036

State File No.

FILED OCT 11 1955

BIRTH NO. REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give OR rural Washington Twp. (township)) TOWN <u>R # 2, Nevada</u>		c. CITY OR TOWN <u>Nevada</u>	d. Is 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>5 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>R 2, Nevada, Mo.</u> 1080	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>R. # 2 - A.T. Home -</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Henry A</u>	b. (Middle) <u>August</u>	c. (Last) <u>Seitz</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10- 4- 55</u>
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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>July 3, 1887</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R. RetSpec. Agent</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wellington, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Louis Seitz</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Tillie Seitz</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Dr. R. B. Wray</u>	ADDRESS <u>Nevada 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary infarction</u>		<u>Died in</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Recurrent Coronary infarction</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>4201</u>		<u>sleep</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Coronary insufficiency.</u>		<u>4 mos.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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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?
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22. I hereby certify that I attended the deceased from Apr. 11, 19 51, to Sept. 30, 19 55, that I last saw the deceased alive on Sept. 30, 19 55, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. B. Wray, M.D.</u>	23b. ADDRESS <u>Moore Building, Nevada, Mo.</u>	23c. DATE SIGNED <u>10-5-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-6-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park Nevada Mo.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>10-6-55</u>	REGISTRAR'S SIGNATURE <u>Amal P. Ferris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Hunter</u>	ADDRESS <u>Nevada Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

383377

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... *Lawrence O. Sterling*

Licensed Embalmer No... 497

P. O. Address... Nevada,

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.