

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32422**  
Registrar's No. **292**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008**

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Moniteau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fulton</b>		c. CITY OR TOWN <b>California</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>294: 8: 930</b>		e. STREET ADDRESS (If rural, give location) <b>Unk</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital no 1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>LEONARD</b> b. (Middle) <b>-</b> c. (Last) <b>Seyfert</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 11 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Unk</b>
9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>7</b>	IF UNDER 1 HR. Hours <b>7</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>weaver</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>California, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Emil Seyfert</b>		13b. MOTHER'S MAIDEN NAME <b>Amelia Tuepker</b>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Unk</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>Unk</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>State Hospital Records</b> ADDRESS <b>Fulton, Mo</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio Sclerosis Heart Dis with Coronic</b>		INTERVAL BETWEEN ONSET AND DEATH _____	
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Myocardial, dilatation of Hypertensio-</b>	
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <b>Arterio Sclerosis nephritis 4200</b>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	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 <b>July 1945</b> , to <b>11 Nov 1955</b> , that I last saw the deceased alive on <b>11 Nov 1955</b> , and that death occurred at <b>3:30 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Wm J. Cremer (950)</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Fulton, Mo</b>	
23c. DATE SIGNED <b>11 Nov 1955</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-13-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Evangelical</b>	24d. LOCATION (City, town, or county) (State) <b>California Mo.</b>
DATE REC'D BY LOCAL REG. <b>Nov-11-1955</b>	REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>A. E. Wilson</b> ADDRESS <b>California Mo.</b>	

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

230. 9. 17

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 *A. E. Wilson*

Licensed Embalmer No. *2351*

P. O. Address *California*

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.