

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37020
State File No.
4683

FILED NOV 18 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 6 yrs.	c. CITY OR TOWN Kansas City North
d. FULL NAME OF HOSPITAL OR INSTITUTION General # 1		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 1016 507 E. 41st Street North		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Marie	b. (Middle) Seibert	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 10-30-55
--	----------------------------	-----------	--

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 11-16-16	9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
-----------------	---------------------------	---	----------------------------------	---	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher - Norclay School	10b. KIND OF BUSINESS OR INDUSTRY N.C.C.	11. BIRTHPLACE (City and State or Foreign Country) Martha, Kentucky	12. CITIZEN OF WHAT COUNTRY U.S.
--	---	--	---

13a. FATHER'S NAME Rosco Miller	13b. MOTHER'S MAIDEN NAME Bessie Seagraves	14. NAME OF HUSBAND OR WIFE Fred. J. Seibert
--	---	---

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. -	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Fred. J. Seibert - 507 E. 41st North
---	----------------------------------	---

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) Acute liver failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) fatty metamorphosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		583X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) (m.)	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 10-27, 1955, to 10-30-55, 1955, that I last saw the deceased alive on 10-30, 1955, and that death occurred at 1:55 am., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) M.D.	23b. ADDRESS 24 & Cherry	23c. DATE SIGNED 10-30-55
--	-------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10/31/55	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery Ashland, Ky.	24d. LOCATION (City, town, or county) (State) Ashland Kentucky
--	---------------------------	---	---

DATE REC'D BY LOCAL REG. 10-31-55	REGISTRAR'S SIGNATURE neva minshall	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS D. H. Newcome's Sons No. Kansas City, Mo.
--	--	---

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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
John H. Kalschke

Licensed Embalmer No. *4949*

P. O. Address *No. Kansas*

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.