

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34231

FILED NOV 15 1956

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4626

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Overland Park</b> <span style="float: right;">\$150</span>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Luke's</b>		d. STREET ADDRESS <b>7216 Lowell Drive</b> (If outside, give location)	
Length of stay in lb <b>1 week</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>CAROLINE SEYFER</b>		4. DATE OF DEATH Month <b>10</b> Day <b>24</b> Year <b>56</b>	
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>12-1-1885</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Reporter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>County Court</b>	11. BIRTHPLACE (City and state or country) <b>Mt. Pulaski, Ill.</b>
13. FATHER'S NAME <b>George J. Seyfer</b>		14. MOTHER'S MAIDEN NAME <b>Mary Schaffenecker</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>342-09-2967</b>	17. INFORMANT Address <b>Geo. A. Seyfer, 9715 Holly</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Azotemia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7 days.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Nephrosclerosis</b>			<b>2 years.</b>
DUE TO (c) <b>Arteriosclerosis generalised.</b>			<b>10 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour <b>10:45</b> Month <b>10</b> Day <b>24</b> Year <b>56</b> a. m. <b>P.M.</b> p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>10-1-56</b> to <b>10-24-56</b> and last saw her alive on <b>10-24-56</b> . Death occurred at <b>10:45 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>P. L. Byers M.D.</b> (Degree, or title)		22b. ADDRESS <b>4635 Wyandotte, K.C. Mo</b>	22c. DATE SIGNED <b>10-25-56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10-25-56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Pulaski Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Mt. Pulaski, Illinois</b>
24. FUNERAL DIRECTOR ADDRESS <b>Wagner Funeral Home, K6 Mo</b>		25. DATE RECD. BY LOCAL REG. <b>10-25-56</b>	26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

P. L. Byers

FE 1-5-63

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 *Alvin R. Hansen*

Licensed Embalmer No... *41*

P. O. Address... *H. e*

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