

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42393

FILED DEC 27 1956

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If deceased was in rural, give township) OR TOWN <u>Sedalia Rural</u>		c. CITY OR TOWN <u>Sedalia</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>life</u>		• STREET ADDRESS (If rural, give location) <u>508 East 16th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles south 3 miles west</u>			

3. NAME OF DECEASED (Type or Print) <u>FRANCIS P. SEIFNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 14 1956</u>		
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>April 13 1916</u>		9. AGE (In years last birthday) <u>40</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tullis Hall Dairy</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pettis Co. Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>John Philip Seifner</u>		13b. MOTHER'S MAIDEN NAME <u>Mary McHenry</u>		14. NAME OF HUSBAND OR WIFE <u>Laverna Seifner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>494-18-0742</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Laverna Seifner Sedalia</u>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>accidental death by firearms</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>firearms</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9191</u>	
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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) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, temp. factory, street, office bldg., etc.) <u>farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Pettis</u> (COUNTY) <u>Mo.</u> (STATE) <u>Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-14-56 4:15 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Shot gun accidentally fired while crossing a fence</u>

22. I hereby certify that I viewed the deceased from as per view, 1956, that I last saw the deceased alive on 10, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

22a. SIGNATURE <u>Chas Gordon Stauffer</u> (Degree or title) <u>MD</u>	22b. ADDRESS <u>Corner, Pettis Co</u>	22c. DATE SIGNED <u>12-17-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-17-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Patricks</u>	24d. LOCATION (City, town, or county) (State) <u>Springfork Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-17-56</u>	REGISTRAR'S SIGNATURE <u>Thomas Cooney Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M^cLaughlin Bros</u>	ADDRESS <u>Sedalia</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
R.P. McLeary

Licensed Embalmer No. *315-3*

P. O. Address *Sedalia T.*

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.