

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7739**
Registrar's No. **341**

FILED APR 8-- 1957

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BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph		c. LENGTH OF STAY (in this place) 18 hrs	c. CITY OR TOWN Conception Jct.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp.					
3. NAME OF DECEASED (Type or Print) a. (First) Stephen b. (Middle) Gerard c. (Last) Seipel			4. DATE OF DEATH (Month) (Day) (Year) March 24 1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Dec. 1, 1949	9. AGE (In years last birthday) 7	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Maryville, Mo		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Raymond Seipel		13b. MOTHER'S MAIDEN NAME Eileen Wiederholt		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Raymond Seipel ADDRESS Conception Jct., Mo		
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) Acute Encephalitis				INTERVAL BETWEEN ONSET AND DEATH 2 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Varicella				INTERVAL BETWEEN ONSET AND DEATH 5 days	
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 087X 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 Mar 23, 1957 , to Mar 24, 1957 , that I last saw the deceased alive on Mar 24, 1957 , and that death occurred at 12:40 p. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) H. J. Wachter M.D.			23b. ADDRESS Kirkpatrick Bldg. City		23c. DATE SIGNED 3/26/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/26/1957	24c. NAME OF CEMETERY OR CREMATORY St Columba Cem	24d. LOCATION (City, town, or county) (State) Conception, Mo		
DATE REC'D BY LOCAL REG. April 1, 1957		REGISTRAR'S SIGNATURE Bethel M. Allison		25. SPECIAL DIRECTOR'S SIGNATURE ADDRESS Maryville, Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 *G M Adkins*.....

Licensed Embalmer No. *337*.....

P. O. Address *Rayville*.....

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.