

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40001

STATE FILE NUMBER

FILED DEC 2 - 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1139

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield,</u>		c. CITY OR TOWN <u>Springfield,</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2539 S. Campbell</u>		Length of stay in 1b <u>73 years</u>	
d. STREET ADDRESS <u>2539 S. Campbell</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Augustus</u> Last <u>Seiferd</u>			4. DATE OF DEATH Month <u>November</u> Day <u>23</u> Year <u>1957</u>			
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>December 12, 1875</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u>11</u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stockman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Stock Farm</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13. FATHER'S NAME <u>Charles Seiferd</u>	14. MOTHER'S MAIDEN NAME <u>Alice Barron</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT <u>Mrs. Edna Seiferd</u> Address <u>Springfield, Mo.</u>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypertensive Cardio Vascular Renal Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 min</u>
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u></u>	DUE TO (c) <u>Arteriosclerosis</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u></u>		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.) <u>442X</u>
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20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>

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.) <u></u>	20f. CITY, TOWN, OR LOCATION <u></u> COUNTY <u></u> STATE <u></u>
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21. I attended the deceased from Sept 1957 to Nov 23, 57 and last saw her alive on 11-23-57
Death occurred at 6:15 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

21. SIGNATURE (Degree or title) <u>J. Newton Wakeman M.D.</u>	22b. ADDRESS <u>Springfield, Mo.</u>	22c. DATE SIGNED <u>11-25-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 26, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>	23d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Boyer - Schaefer 7. Home, Jr Springfield, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11-26-57</u>	26. REGISTRAR'S SIGNATURE <u>Edith Williamson</u>
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

S. 300
y. 1-56

Health,
& Welfare
Public
Service

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 Douglas P. Gorman, Student Embalmer No. 59 working under my personal supervision.

Student Douglas P. Gorman
Signature of Student Embalmer

Signed Levin G. Schauf

Licensed Embalmer No. 380

P. O. Address Springfield

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.