

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43330

FILED DEC 9 - 1957

STATE FILE NUMBER

Registration District No. 369

Primary Registration District No. 6251

Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WAYNE</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>NEAR LEEPER</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>NEAR LEEPER</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b	d. STREET ADDRESS <u>Mill Spring Prop.</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle <u>HENRY</u> Last <u>SEIBOLD</u>			4. DATE OF DEATH Month <u>NOV.</u> Day <u>21</u> Year <u>1957</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>JULY 3, 1887</u>		9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Month <u>7</u> Day <u>18</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED - CITY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CITY ST. LOUIS WATER DEPT</u>		11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>JOHN SEIBOLD</u>			14. MOTHER'S MAIDEN NAME <u>ADALAI D MUDD</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service)		16. SOCIAL SECURITY NO. <u>493-20-0783</u>		17. INFORMANT <u>DOROTHY MANFORD</u>		Address <u>4015 POTAMIC ST. LOUIS, MO</u>	
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>Enr. heavy thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>-</u>		DUE TO (c) <u>-</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"/>	
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 <u></u> Month, Day, Year 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>Leeper</u>		20f. CITY, TOWN, OR LOCATION <u>Reynolds</u>		COUNTY <u>Wayne</u> STATE <u>MO.</u>	
21. I attended the deceased from <u>11-21-57</u> to <u>11-21-57</u> and last saw <u>him</u> <u>live</u> on <u>11-21-57</u> . Death occurred at <u>1:30 p.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>L. E. Boyer M.D.</u>				22b. ADDRESS <u>Padre</u>		22c. DATE SIGNED <u>11-22-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>11-23-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEM.</u>		23d. LOCATION (City, town, or county) <u>PIEDMONT</u>		(State) <u>MO.</u>
24. FUNERAL DIRECTOR <u>BSH FUNERAL HOME</u>			ADDRESS <u>PIEDMONT MO.</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 22, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Inglis Ward</u>	

JAN 8 1958

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 me, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marvin E. Bowler

Licensed Embalmer No. 44

P. O. Address Piedmont

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.