Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-019091
STATE FILE NUMBER

FILED JUN 3 1958 Registration District No. 236 Primary Registration District No. 5819 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY Morgan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Osage — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 25 M. S. Vers. — Length of stay in Ib 7 Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Morgan
c. CITY OR TOWN Versailles 0710 6 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 25 M. S. Versailles — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Clyde Middle Sidney Last Seitel
4. DATE OF DEATH Month May Day 24 Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct. 9, 1907
9. AGE (In years last birthday) 50 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Resort
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Lead, South Dekota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Seitel
13b. MOTHER'S MAIDEN NAME Elizabeth Meissner
14. NAME OF HUSBAND OR WIFE Lillie Seitel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 507-10-0616
17. INFORMANT Mrs Lillie Seitel Address Versailles, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH 9 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 163X
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 ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 October, 1957 to May 24, 1958 and last saw him alive on May 18, 1958
Death occurred at 11:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ruth Kaufman, M.D. (Degree or title)
22b. ADDRESS Versailles, Mo.
22c. DATE SIGNED 5-27-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 27 May 58
23c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery
23d. LOCATION (City, town, or county) (State) Versailles, Mo.

24. FUNERAL DIRECTOR W. F. Kidwell ADDRESS Versailles, Mo.
25. DATE RECD. BY LOCAL REG. 5/27/58
26. REGISTRAR'S SIGNATURE J. L. Hall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

JUN 5 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 ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Raymond C. Harber

Licensed Embalmer No. 4626

P. O. Address Versailles, M

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.