

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026282

STATE FILE NUMBER

FILED JUL 16 1958

Registration District No. 209

Primary Registration District No. 5766

Registrar's No. 235

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|--|---------------------------|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Marion | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Sedgwick | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Miller Township | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Valley Center | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 miles W/O Hannibal | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 408 West Street | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First U.S.A. Middle Last Florence Marjorie Seibel | | | 4. DATE OF DEATH Month Day Year 7/11/1958 | | |
| 5. SEX Female / | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 6, 1932 | 9. AGE (In years last birthday) 26 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Osweco, Kansas | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
| 13a. FATHER'S NAME Clyde Campbell | | 13b. MOTHER'S MAIDEN NAME Daisy Landreth | | 14. NAME OF HUSBAND OR WIFE Glen Seibel | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 511 28 1405 | 17. INFORMANT Address Mr. Glen Seibel, 408 West St., Valley Center, Kansas | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed chest | | | | | INTERVAL BETWEEN ONSET AND DEATH Immediate |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture left leg. | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input checked="" 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.) Car in which she was riding swerved in front | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year 7:30 a.m. 7 11 58 | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 36 | | | |
| 20e. CITY, TOWN, OR LOCATION Miller | | 20f. COUNTY Marion | | STATE Mo | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 7:30 A. M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Henry H. Sweet, M.D. | | | 22b. ADDRESS 3 Hannibal Mo | | 22c. DATE SIGNED 7/12/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 7/15/1958 | 23c. NAME OF CEMETERY OR CREMATORY Sedgwick Cemetery | | 23d. LOCATION (City, town, or county) (State) Sedgwick County, Kansas |
| 24. FUNERAL DIRECTOR H. M. O'Donnell, Hannibal, Mo. | | | 25. DATE RECD. BY LOCAL REG. 7-12-58 | | 26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke, By W. C. Tucker |

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MARION CO. HEALTH DEPT.
DATE FILED JUL 15 1950

LIBRARY
MAR 15 1950

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 *J. M. O'Donnell*

..... Licensed Embalmer No. 3889.....
P. O. Address Hannibal, Mo......

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.