

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036612

STATE FILE NUMBER

FILED NOV 7 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4905

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		Length of stay in 1b 39 years	d. STREET ADDRESS 329 S. Elmwood		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ELIZABETH Middle Last SEEGER			4. DATE OF DEATH Month October Day 15 Year 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 Jan. 28, 1886		9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Tindal, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Albert Clark		13b. MOTHER'S MAIDEN NAME Emma Thompson		14. NAME OF HUSBAND OR WIFE Peter Seeger	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name of service) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address Mr. Peter Seeger, 329 S. Elmwood, K.C. Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY (Heart) Artery Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) General Atherosclerosis					
DUE TO (c) Atrophy right kidney					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Atrophy right kidney					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City Jackson Mo	
21. I attended the deceased from Jan 1958 to Oct 15-58 and last saw her ^{alive} on Oct 14 1958 Death occurred at 6 am on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE K. L. Shireman M.D. (Degree or title)			22b. ADDRESS 4606 St John Reno		22c. DATE SIGNED 10-17-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 18, 1958		23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri					
24. FUNERAL DIRECTOR Muehlebach Funeral Home 6800 Troost			25. DATE RECD. BY LOCAL REG. 10-17-58		26. REGISTRAR'S SIGNATURE neva Minshall

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

K. L. Shireman

Secretary, coroner, etc.: must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Dr. Shuperson
44.5 St John

1.00 P.P. 1904



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. T. Crowell*

Licensed Embalmer No. *4904*
P. O. Address *K.C. 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.