

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001515

STATE FILE NUMBER

198

JAN 28 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300  
1-57

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|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <i>Jackson</i>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <i>Kansas City</i>          |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <i>Kansas City</i><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <i>4005 Bales</i> |  | Length of stay in 1b<br><i>35 years</i>  | d. STREET ADDRESS (If outside, give location)<br><i>4005 Bales</i><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <i>William F</i> Middle <i>L</i> Last <i>Seip</i> |  |  | 4. DATE OF DEATH<br>Month <i>January</i> Day <i>9</i> Year <i>1959</i> |  |  |  |
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|-----------------------|----------------------------------|---|--|--|--|--|
| 5. SEX<br><i>Male</i> | 6. COLOR OR RACE<br><i>White</i> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><i>April 3, 1897</i> | 9. AGE (In years last birthday)<br><i>61</i> | IF UNDER 1 YEAR<br>Months <i>0</i> Days <i>0</i> | IF UNDER 24 HRS.<br>Hours <i>0</i> Min. <i>0</i> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Maintenance man</i> | 10b. KIND OF BUSINESS OR INDUSTRY<br><i>K.C. Public Service</i> | 11. BIRTHPLACE (City and state or country)<br><i>Kansas City, Mo</i> | 12. CITIZEN OF WHAT COUNTRY?<br><i>U.S.A</i> |
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| 13a. FATHER'S NAME<br><i>Benjamin F. Seip</i> | 13b. MOTHER'S MAIDEN NAME<br><i>Emma Beckmeir</i> | 14. NAME OF HUSBAND OR WIFE<br><i>Daisy Seip</i> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no, or unknown) (If yes, give war or dates of service)<br><i>yes World War I</i> | 16. SOCIAL SECURITY NO.<br><i>495-05-3352</i> | 17. INFORMANT<br><i>Mrs Daisy Seip - 4005 Bales K.C. Mo</i> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Acute Cardiac dilatation</i> |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>acute</i>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <i>Arteriosclerotic Cardio-vascular disease chronic</i> |   |
|  | DUE TO (c) <i>Malignant Hypertension</i>                           |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><i>41</i>                   |  | 19. WAS AUTOPSY PERFORMED?<br>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.) |
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| 20c. TIME OF INJURY<br>Hour <i>10</i> a.m. <i>P.M.</i><br>Month, Day, Year |
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|---|--|--|---------------------------|-------|
| 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<br><i>Kansas City</i> | COUNTY<br><i>Missouri</i> | STATE |
|---|--|--|---------------------------|-------|

21. I attended the deceased from *1949* to *1-9-59* and last saw him alive on *1-9-59*  
Death occurred at *2110 P.M.* on the date stated above; and to the best of my knowledge, from the causes stated.

|  |   |                                    |
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| 22a. SIGNATURE<br><i>Alvin Silvers, M.D.</i> (Degree or title) | 22b. ADDRESS<br><i>1702 Southern Blvd K.C. Mo</i> | 22c. DATE SIGNED<br><i>1-10-59</i> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i> | 23b. DATE<br><i>January 12, 1959</i> | 23c. NAME OF CEMETERY OR CREMATORY<br><i>St. Mariah Cemetery</i> | 23d. LOCATION (City, town, or county) (State)<br><i>Kansas City Missouri</i> |
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| 24. FUNERAL DIRECTOR<br><i>Wilks Funeral Home 2315 Lenwood</i> | 25. DATE RECD. BY LOCAL REG.<br><i>1-12-59</i> | 26. REGISTRAR'S SIGNATURE<br><i>Irene W. Marshall</i> |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

ALVIN SILVERS

*The Alvin Schubert  
1702 Shaw Blvd  
No 2 9691  
1-5*

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 *Chas E. Wilks* .....

Licensed Embalmer No. *2644* ....  
P. O. Address *H. C. M. O.* .....

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.