Health, Welfare Public Service

300 4
-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002131
STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 209 Primary Registration District No. [illegible] Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Marion	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Marion
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Palmyra — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Hannibal 0644 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Maple Lawn Nursing Home 4 mo. — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 422 church st. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Otis	Middle: Martin	Last: Sebers	4. DATE OF DEATH Month Day Year: 1 - 1 - 1959
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: 1-24-1881
9. AGE (In years last birthday): 77	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): Engineer	10b. KIND OF BUSINESS OR INDUSTRY: Railroad	11. BIRTHPLACE (City and state or country): Pike County, Ill.	12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME: Martin Sebers	13b. MOTHER'S MAIDEN NAME: Jane Mason	14. NAME OF HUSBAND OR WIFE: Bertha Sebers	
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.	17. INFORMANT: Bertha Sebers	Address: Hannibal, 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) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 25 yrs

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): Pyelonephritis 4500

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.)

ITEM 22c CORRECTED
BY AFFIDAVIT OF Physician
2-11-59 [illegible]

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 Oct 58 to Dec 20, 1958 and last saw her/him alive on Dec 20, 1958

Death occurred at 2:50 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Donald W. Glascock M.D.	22b. ADDRESS: Palmyra, Mo	22c. DATE SIGNED: 1-3-~~58~~ 59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1-5-1959	23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
23d. LOCATION (City, town, or county) (State): Hannibal, Mo.		
24. FUNERAL DIRECTOR ADDRESS: Clark Funeral Home-Hannibal, Mo.	25. DATE RECD. BY LOCAL REG.: 1-7-59	26. REGISTRAR'S SIGNATURE: Dr. G. M. Clarke, Viola Geer, Deputy

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

RECEIVED JAN 9 1959
MARION CO. HEALTH DEPT.
DATE FILED JAN 9 1959

JAN 26 1959

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 .....

Licensed Embalmer No. 4217
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.