

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006153

STATE FILE NUMBER

FILED MAR 13 1959

Registration District No. 160 Primary Registration District No. 3030 Registrar's No. 33

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	Jefferson	a. STATE	Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only)	OR TOWN Festus	b. COUNTY	Ste. Genevieve
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN	Festus
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS	Rte. # 1
Length of stay in 1b		(If outside, give location)	
202 North Third St. 4 weeks		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
Joseph	WMN	Sewald	March	6	1959
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR
Male	White	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	Sept. 22, 1878	80	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?	
Farmer (Ret)		General Farming	Ste. Genevieve co., Mo. ^c	U.S.A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Valentine Sewald			Caroline Trautman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address		
No		493-42-9651	Clifford Sewald, Rte. # 1, Festus, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a)	<i>Arteriosclerotic heart disease</i>	
DUPLICATE TO (b)	<i>Generalized arteriosclerosis</i>	
DUPLICATE TO (c)		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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.)
			4200
20c. TIME OF INJURY	Hour	Month, Day, Year	

20d. INJURY OCCURRED WHILE AT WORK <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
21. I attended the deceased from <u>Oct 10, 58</u> to <u>March 5, 59</u> and last saw her alive on <u>March 5, 59</u> Death occurred <u>on</u> <u>March 5, 59</u> <u>at</u> <u>home</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE		(Death or title)	22b. ADDRESS	22c. DATE SIGNED	
<i>Dorothy B. Grogan, MD</i>			<i>Festus, Mo</i>	<i>3/7/59</i>	

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)	(State)
removal	Mar. 9, 1959	Poggemceller Cemetery	Ste. Genevieve County,	Mo.
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE	
Vinyard Fun'l Homes, Inc., Festus, Mo.		3-7-59	<i>Paul G. Grogan</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Keith B. Vinjar*

Licensed Embalmer No. *49*

P. O. Address *Festa*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.