

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026154

FILED VS AUG 4 1959

274

Registration District No. 3052

Primary Registration District No. 255

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Pettis</i>			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <i>Sedalia</i>		Length of stay in 1b <i>1 year</i>		c. CITY OR TOWN <i>Sedalia</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Bothwell Hosp.</i>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>318 W. 10</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>John Philip Seifner</i>				4. DATE OF DEATH Month Day Year <i>August 1, 1959</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>May 9, 1883</i>	9. AGE (last birthday) <i>76</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>		11. BIRTHPLACE (City and state or country) <i>Springfork, Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Henry Seifner</i>		13b. MOTHER'S MAIDEN NAME <i>Alvina Wagner</i>		14. NAME OF HUSBAND OR WIFE <i>Mary M. Gintley Seifner</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT Address <i>Mrs Mary Seifner</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary edema</i>							INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Congestive heart failure</i>							<i>2 months</i>
DUE TO (c) <i>Arteriosclerotic Cerebrovascular disease</i>							<i>10 years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Severe Parkinson's disease; Old Stroke</i>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m., p.m. 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 <i>July 16, 1959</i> to <i>Aug 1, 1959</i> and last saw him alive on <i>Aug 1, 1959</i> Death occurred at <i>3:00 A.M.</i> on the <i>10</i> date stated above, and to the best of my knowledge from the causes stated.							
22. SIGNATURE (Degree or title) <i>Albert J. Campbell M.D.</i>				22b. ADDRESS <i>312 1/2 So. Ohio Sedalia Mo.</i>		22c. DATE SIGNED <i>Aug 1, 1959</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Aug 3, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Springfork</i>		23d. LOCATION (City, town, or county) <i>Pettis Co. Mo</i>			
24. FUNERAL DIRECTOR <i>M. Laughlin Bros.</i>		ADDRESS <i>Sedalia Mo</i>		25. DATE RECD. BY LOCAL REG. <i>8-1-1959</i>	26. REGISTRAR'S SIGNATURE <i>Frances Shelby</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1969

SEP 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by or by Harold Tempel, Student Embalmer No. 800

working under my personal supervision.

Student Harold Tempel
Signature of Student Embalmer

Signed J.P.M. Cray

Licensed Embalmer No. 3152

P. O. Address Sedalia

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.