

DURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036403

FILED VS OCT 23 1959 / 49

Registration District No. 1959/49 Primary Registration District No. 1002 Registrar's No. 4874 STATE FILE NUMBER

UNRECORDED

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| 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 | | Length of stay in 1b 5 yrs | c. CITY OR TOWN Kansas City |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 5534 Jackson |
| | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First ROBERT Middle JOSEPH Last SEUL | | | 4. DATE OF DEATH Month Oct. Day 8 Year 1959 | | |
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| 5. SEX Male | 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 10-6-1924 | 9. AGE (last birthday) 35 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician | 10b. KIND OF BUSINESS OR INDUSTRY Miles Electric Co. | 11. BIRTHPLACE (City and state or country) Northfield, Illinois | 12. CITIZEN OF WHAT COUNTRY U. S. A. |
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| 13a. FATHER'S NAME August Seul | 13b. MOTHER'S MAIDEN NAME Leona Seltzer | 14. NAME OF HUSBAND OR WIFE Georgia Seul |
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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) No YES WW II | 16. SOCIAL SECURITY NO. 323-26-5444 | 17. INFORMANT Georgie Seul, 5534 Jackson |
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| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) Coronary Thrombosis Arteriosclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | 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 |
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| 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.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ Month, Day, Year _____ |
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| 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 _____ |
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <i>G. Kealhofer</i> | 22b. ADDRESS <i>6627 Banded St. C. Tenn</i> | 22c. DATE SIGNED <i>10-9-59</i> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial & Removal | 23b. DATE 10-11-59 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery | 23d. LOCATION (City, town, or county) (State) Nashville, Tennessee |
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| 24. FUNERAL DIRECTOR Mellody-McGilley-Eylar F. H. | ADDRESS Woodland-Linwood | 25. DATE RECD. BY LOCAL REG. 10-9-59 | 26. REGISTRAR'S SIGNATURE <i>never Marshall</i> |
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DOCUMENT

BY AFFIDAVIT OF G. Kealhofer MEDICAL CERTIFICATION

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

James E. Kachlein

Licensed Embalmer No. 4573

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.