

URR DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039709

FILED VS. DEC. 7 1959/28

Primary Registration District No. 2000 Registrar's No. 1B13A

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield			Length of stay in 1b 10 years		c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION 637 W. Tampa Street			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 637 W. Tampa Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FREDERICK WILLIAM SEESER				4. DATE OF DEATH Month Day Year December 2, 1959			
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 3/31/1916	9. AGE (last birthday) 43	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sander			10b. KIND OF BUSINESS OR INDUSTRY Furniture factory		11. BIRTHPLACE (City and state or country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME James W. Seeser			13b. MOTHER'S MAIDEN NAME Mary Sintobin		14. NAME OF HUSBAND OR WIFE Mabel Seeser		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None			16. SOCIAL SECURITY NO. 492-12-0237		17. INFORMANT 637 W. Tampa Street, Mabel Seeser, Springfield, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hanging by neck							INTERVAL BETWEEN ONSET AND DEATH
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)					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 checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) He was found hanging with a belt as a noose or rope around his neck and extended up over the bathroom door.			
20c. TIME OF DEATH Hour Month, Day, Year 5:30 A.M. Dec. 2, 1959		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home			20f. CITY, TOWN, OR LOCATION COUNTY STATE Springfield, Greene Missouri				
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at approx 5:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Print name and title) Ralph H. Thieme Coron				22b. ADDRESS Springfield, Mo		22c. DATE SIGNED 4 Dec 59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5 Dec 1959	23c. NAME OF CEMETERY OR CREMATORY East Lawn		23d. LOCATION (City, town, or county) (State) Springfield, Mo		
24. FUNERAL DIRECTOR Ralph Thieme Springfield, Mo				25. DATE RECD. BY LOCAL REG 12-4-59		26. REGISTRAR'S SIGNATURE Effie S. Melton	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 13 1900

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 Raymond H. T. Crome

Licensed Embalmer No. 3681

P. O. Address Springfield

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.