

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004846

FILED VS' FEB 9 1960 360

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 3076 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Hernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Vernon									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Length of stay in 1b 30 Yrs.		c. CITY OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION #402 No Cedar St Jones Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1520 W. Sycamore		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Henry Middle _____ Last Seibert				4. DATE OF DEATH Month January Day 19 , Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/16/74		9. AGE (last birthday) 85		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) Blacksmith				10b. KIND OF BUSINESS OR INDUSTRY Blacksmith		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.					
13a. FATHER'S NAME H. Seibert				13b. MOTHER'S MAIDEN NAME Louisa Langewisch				14. NAME OF HUSBAND OR WIFE Christina Seibert					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Address Irene Swait, Nevada, 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) PNEUMONIA										INTERVAL BETWEEN ONSET AND DEATH 3 da			
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) Cerebral arteriosclerosis, marked										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 Jan 9, 1959 to Jan 19, 1960 and last saw her ^{her} alive on Jan 19, 1960 Death occurred at 12:00 P. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>James F. Pascoe M.D.</i> (Degree or title)						22b. ADDRESS Moore Building, Nevada, Mo.			22c. DATE SIGNED 1/22/60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/23/60		23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary		23d. LOCATION (City, town, or county) Nevada, Missouri. (State)							
24. FUNERAL DIRECTOR Richard L. Shorton, Nevada, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. Feb 3 - 1960		26. REGISTRAR'S SIGNATURE <i>Anna G. Perry</i>							

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Lloyd C. McLeod*

Licensed Embalmer No. 4853

P. O. Address Florida, Fla.

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