

FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE
FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011231

FILED VS. APR 11 1960

149

Registration District No. _____ Primary Registration District No. 1002

Registrar's No. 1803

STATE FILE NUMBER

UNDECEASED

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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 COUNTY Cass | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in 1b 4 wks | c. CITY OR TOWN Belton |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Memorial Hosp | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Route 2 |
| | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|---|----------------------------------|---|---|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Clarence Middle Sebert Last Sebert | | | 4. DATE OF DEATH Month 3- Day 26- Year 1960 | | | |
| 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 12-4-94 | 9. AGE (last birthday) 65 | IF UNDER 1 YEAR Months _____ Days _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Clerk | | 10b. KIND OF BUSINESS OR INDUSTRY Sherman Williams | | 11. BIRTHPLACE (City and state or country) Mitchell County, Iowa | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME August Sebert | | FATHER'S MAIDEN NAME Emma Boeck | | 14. NAME OF HUSBAND OR WIFE Laura Sebert | | |

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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) Yes WW I | 16. SOCIAL SECURITY NO. 441-01-8185 | 17. INFORMANT Address Laura Sebert, RFD 2, Belton, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Acute Pneumonitis | | 3 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Coronary Artery Thrombosis with myocardial Failure | 1 1/2 days |
| | DUE TO (c) General Vascular Sclerosis | 1 year |
| 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.) |
| 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 **2-27-1960** to **3-26-60** and last saw him alive on **3-26-1960**
 Death occurred at **7:38** **PM** 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) Graham Asher MD | 22b. ADDRESS 1270 Rufinville Bldg Kansas City 6-Mo 3 | 22c. DATE SIGNED 3-26-60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE 3-28-1960 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery |
| Burial | | 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri |

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| 24. FUNERAL DIRECTOR ADDRESS E.K. George & Sons Grandview, Mo. By Sterling E. Goddard | 25. DATE RECD. BY LOCAL REG. 3-28-60 | 26. REGISTRAR'S SIGNATURE Steve Marshall |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

Graham Asher

BY AFFIDAVIT OF

2812-10-1946

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 *Sterling E. Dodson*

Licensed Embalmer No. 4911

P. O. Address Grandview, 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.