

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=60-020350**

FILED VS. MAY 16 1960

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 181

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Pettis</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sedalia</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>		c. CITY OR TOWN <b>Sedalia</b>	
Length of stay in 1b <b>1 week</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bothwell Hospital</b>				d. STREET ADDRESS (If outside, give location) <b>902 E. Boonville</b>			
3. NAME OF DECEASED (Type or print) First <b>GEORGE</b> Middle <b>C.</b> Last <b>SEMKIN</b>				4. DATE OF DEATH Month <b>May</b> Day <b>10</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Sep. 11, 1890</b>	9. AGE (last birthday) <b>69</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Florence, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Henry Semkin</b>			13b. MOTHER'S MAIDEN NAME <b>Matilda Loeffler</b>		14. NAME OF HUSBAND OR WIFE <b>Eda Bremer Semkin</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Mrs. Eda Semkin, Sedalia, Mo.</b>			
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) <b>Myocardial Infarction</b>							<b>1 weeks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) <b>Coronary arteriosclerosis</b>							<b>unk.</b>
DUE TO (c) <b>Generalized arteriosclerosis</b>							<b>unk.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Pernicious anemia - controlled</b>					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 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 <b>16 Aug 1951</b> to <b>10 May 60</b> and last saw him alive on <b>10 May 60</b> Death occurred at <b>940 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Earl Siegel M.D.</b>				22b. ADDRESS <b>1216 West 18th St Sedalia Mo</b>		22c. DATE SIGNED <b>10 May 60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>May 12, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Highland Memorial Gardens</b>		23d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo.</b>		
24. FUNERAL DIRECTOR <b>D.W. Heckart - Sedalia, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>May 11, 1960</b>		26. REGISTRAR'S SIGNATURE <b>Frances Steeby</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

either in death or in life  
and in the presence of the  
embalmer and witnesses

NAME OF DECEASED \_\_\_\_\_  
RESIDENCE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_  
DATE OF DEATH \_\_\_\_\_  
PLACE OF DEATH \_\_\_\_\_

**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 Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Sedalia, 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.