

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 9 1960

53

Registration District No.

3010

Primary Registration District No.

310

Registrar's No.

=60-026154

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cape			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Stoddard		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in lb 1 day	c. CITY OR TOWN Bloomfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S. East Mo. Hosp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS ---		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First NELLIE Middle O. Last SEILING			4. DATE OF DEATH Month July Day 26, Year 1960		
5. SEX F.	6. COLOR OR RACE W.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-9-1912	9. AGE (last birthday) 48	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Galena, Mo.		11. BIRTHPLACE (City and state or country) USA	
13a. FATHER'S NAME John Barnes		13b. MOTHER'S MAIDEN NAME Minnie Yocum		14. NAME OF HUSBAND OR WIFE Harold Seiling	
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. ----		17. INFORMANT Address Harold Seiling, Bloomfield, 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) Coronary occlusion					INTERVAL BETWEEN ONSET AND DEATH ? 1 hr
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) Rheumatoid Arthritis				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 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 Month, Day, Year a.m. p.m.					
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 #0 6/25/53 to 7/26/60 and last saw her alive on 7/25/60 Death occurred at 1205 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Harold Seiling MD			22b. ADDRESS Cape Girardeau, Mo		22c. DATE SIGNED 7/30/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-28-60	23c. NAME OF CEMETERY OR CREMATORY Bloomfield cem.		23d. LOCATION (City, town, or county) (State) Bloomfield, Mo.	
24. FUNERAL DIRECTOR ADDRESS CHILES UND.CO. BLOOMFIELD, MO.			25. DATE RECD. BY LOCAL REG. 7-30-60	26. REGISTRAR'S SIGNATURE Jesse Kasten	

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 Lulu Cooper #3499 Student Embalmer No. _____

~~working under my~~ personal ~~sup~~ supervision.

Student _____
Signature of Student Embalmer

Signed Ivan B. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, I

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