

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004663

AMENDED Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 220 STATE FILE NUMBER

FILED MAR 6 1961
 a. COUNTY Buchanan
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Length of stay in lb 46 years
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Methodist Hospital Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Buchanan
 c. CITY OR TOWN St. Joseph Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 2301 Excello Drive Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Harry Middle B Last Seever 4. DATE OF DEATH Month Feb. Day 24 Year 1961
 5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH July 27, 1900 9. AGE (last birthday) 60 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) Truck driver 10b. KIND OF BUSINESS OR INDUSTRY Wholesale Grocery 11. BIRTHPLACE (City and state or country) Rushville, Missouri 12. CITIZEN OF WHAT COUNTRY USA
 13a. FATHER'S NAME Henry Clay Seever 13b. MOTHER'S MAIDEN NAME Liza Jane Nave 14. NAME OF HUSBAND OR WIFE Maggie Seever
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes/No, or unknown) No 16. SOCIAL SECURITY NO. 17. INFORMANT Maggie Seever 2301 Excello Drive Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) mesenteric thrombosis -
 DUE TO (b) infarction of small intestine INTERVAL BETWEEN ONSET AND DEATH 48 hr.
 DUE TO (c)
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 2/23/61 to 2/24/61 and last saw him alive on 2/23/61
 Death occurred at 2/24/61 3 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Donald Stallard, M.D. 22b. ADDRESS 902 Edmond 22c. DATE SIGNED 2/24/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Funeral 23b. DATE Feb. 27, 1961 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

24. FUNERAL DIRECTOR ADDRESS Clark Funeral Home St. Joseph, Mo. 25. DATE RECD. BY LOCAL REG. Mar. 1, 1961 26. REGISTRAR'S SIGNATURE Wm. Clark Sandell

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

MAY 16 1961

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 Emmanuel Clark

Licensed Embalmer No. 4238

P. O. Address St Joseph 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.