

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004827

STATE FILE NUMBER

Registration District No. 70 Primary Registration District No. 4124 Registrar's No. 10

AMENDED

FILED VS MAR 6 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY Clark
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kahoka Length of stay in lb 2 Weeks
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mitchel Nursing Home Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Clark
 c. CITY OR TOWN Kahoka Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Kahoka Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
ELIZABETH A SEYB Feb. 15, 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 5-24-1870 9. AGE (last birthday) 90
 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY ----- 11. BIRTHPLACE (City and state or country) Franklin, Ia. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Best 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE John A. Seyb

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 Mrs. Lizzetta Voorvaart Address Kahoka

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Medullary failure INTERVAL BETWEEN ONSET AND DEATH minutes
 DUE TO (b) Thrombotic encephalomalacia 2 weeks
 DUE TO (c) Arteriosclerosis Unknown
 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) Uremia
 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 a.m. p.m. Month, Day, Year

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 2-4-61, to 2-12-61 and last saw her ^{her} alive on 2-15-61
 Death occurred at 3 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R.L. Wallis, M.D. 22b. ADDRESS Kahoka, Mo. 22c. DATE SIGNED 2-17-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-17-1961 23c. NAME OF CEMETERY OR CREMATORY St. Paul Cemetery 23d. LOCATION (City, town, or county) (State) Kahoka, Missouri

24. FUNERAL DIRECTOR ADDRESS D. L. Shaffer Kahoka, Missouri 25. DATE RECD. BY LOCAL REG. 2-28-61 26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

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 *D. L. Shaffer*

Licensed Embalmer No. 5063

P. O. Address Flake, 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.