

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-005097  
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 147

AMENDED

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED VS FEB 20 1961**

1. PLACE OF DEATH  
a. COUNTY Greene  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Length of stay in 1b  
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Greene  
c. CITY OR TOWN Springfield Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) Route #3 Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First James Middle E. Last Seitwein 4. DATE OF DEATH Month Feb. Day 9 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 2-16-1883 9. AGE (last birthday) 77 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) Railroad Employee 10b. KIND OF BUSINESS OR INDUSTRY Railroad 11. BIRTHPLACE (City and state or country) Union, Missouri 12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Aaron Seitwein 13b. MOTHER'S MAIDEN NAME Josephine Kelso 14. NAME OF HUSBAND OR WIFE Annie S. Seitwein

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 Address Mrs. Annie S. Seitwein, Springfield, 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) Cerebral Vascular Accident INTERVAL BETWEEN ONSET AND DEATH 9 days  
DUE TO (b) Arteriosclerotic Vascular Disease Unknown  
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 \_\_\_\_\_ 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 Feb 1 '61 to Feb 9 '61 and last saw <sup>her</sup>him alive on Feb 9 '61  
Death occurred at 7 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. Kelly M.D. (Degree or title) 22b. ADDRESS 609 Cherry St. 22c. DATE SIGNED Feb 10 61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-11-1961 23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery 23d. LOCATION (City, town, or county) (State) Springfield, Missouri

24. FUNERAL DIRECTOR Rex Rainey, Springfield, Mo. ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. 2-15-61 26. REGISTRAR'S SIGNATURE Effie S. Meeton

FEB 20 1961

STATE

DEPARTMENT

HEALTH

DEPARTMENT

DEPARTMENT

CITY OF SPRINGFIELD, ILL. JAN 18 1963

CERTIFICATE NO. 103

DEPT. OF HEALTH

DEPARTMENT

OF

HEALTH

SPRINGFIELD, ILL.

STATE

NO.

STATE

DEPARTMENT

DEPARTMENT

OF HEALTH

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DEPARTMENT

DEPARTMENT OF HEALTH, SPRINGFIELD, ILL.

STATE

NO.

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 Lee Mason

Licensed Embalmer No. 4568

P. O. Address Springfield, Ill.

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.

STATE OF ILLINOIS DEPARTMENT OF HEALTH