S. ... 2
M—5-42
-17-39
X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 18 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18568

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 53

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 19 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Maryville (If outside city or town limits, write "RURAL")

(d) Street No. East edge of city / (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country No

3. (a) PRINT FULL NAME Andrew Joseph Seyster

3. (b) If veteran, name war ..... 3. (c) Social Security No. no

4. Sex male 0 | 5. Color or race white | 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Bertha May Seyster 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased March (Month) 22 (Day) 1872 (Year)

8. AGE: Years 71 | Months | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) 0 (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business

FATHER
12. Name Daniel Seyster
13. Birthplace Oregon Ill / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Carolina Schechter
15. Birthplace Oregon Ill / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Everett Renshaw

(b) Address Maryville Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-22-43 (Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville Mo

19. (a) 4-22-43 (Date received local registrar) (b) Mary Coile (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1943 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from April 20, 1943, to Apr 20, 1943; that I last saw him alive on April 20, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	1 hr 50 min
Due to Thrombo-phlebitis of saphenous veins	3 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

100 f

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. L. Landfather (M. D. or other) DD.

Address Maryville Mo Date signed 4-22-43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed W. L. Gee

Licensed Embalmer No. 2539

P. O. Address Maryville 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 this body is not embalmed, fact should be so stated above.

S. No. 2B
M—5-43
I X36930

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THE STATE BOARD OF HEALTH OF MISSOURI

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(a) County: Nodaway

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(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Andrew Joseph Seyster

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Mar (Month) 22 (Day) 1872 (Year)

8. AGE: Years 71 Months Days If less than one day hr. min.

9. Birthplace: Maryville Mo (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) Mary Coil (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 20 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY