

FILED AUG 7 1948

Registration District No. 178

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5780

State File No. 22552

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Clark
(b) City or town Rural Lincoln Twp.
(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 ✓ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark
(c) City or town Rural Lincoln Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME George W. Seyb
(b) If veteran, name war ✓ (c) Social Security No. ✓

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased: Feb. 22 - 1862
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 3 If less than one day hr. min.

9. Birthplace: Lee County Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation: Farming

11. Industry or business: Stock Raiser

12. Name: Charles Seyb

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

14. Maiden name: Barbara Reese

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

16. (a) Informant: Mrs. Jeanette Seyb

(b) Address: Jackson Mo.

17. (a) Burial (b) Date thereof: 5-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Pauls Cemetery

18. (a) Signature of funeral director: Fred Parker

(b) Address: Kennett Mo.

19. (a) 84-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month May day 25th
year 1948 hour 10 minute 15 A M.

21. I hereby certify that I attended the deceased from Jan 1 1948 to May 25 1948
that I last saw him alive on May 20 and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic
transition

Due to: Arteriosclerosis

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: U

Of autopsy:

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?

While at work? (Specify type of place) (e) Means of injury:

23. Signature: [Signature] (M. D. or other) Mo
Address: [Address] Date signed:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

OCT 1 1948

JUL 31 1952

RECEIVED

District Health Officer No. 10

District File Number 8-28-146

Date Filed AUG 6 - 1948

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 Fred Karle

Licensed Embalmer No. 1023

P. O. Address. Kahola Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.