

FILED JAN 21 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **312**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **38**

1. PLACE OF DEATH a. COUNTY Buchanan <i>0117</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Joseph)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph <i>0117</i>	
c. LENGTH OF STAY (In this place) <i>4 1/2</i> years		d. STREET ADDRESS (If rural, give location) 2722 1/2 Seneca Street <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Leon Nursing Home		e. FULL NAME OF HOSPITAL OR INSTITUTION 624 Prospect Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Lydia b. (Middle) Magdaline c. (Last) Seitter			4. DATE OF DEATH (Month) (Day) (Year) January 5, 1952.		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 5, 1876	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) New Point, Holt County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Ludwig Schneider		13b. MOTHER'S MAIDEN NAME Elizabeth Ziesset		14. NAME OF HUSBAND OR WIFE John G. Seitter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) *****		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss. Dorothy M. Seitter St. Joseph, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive P. V. Disease DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4 of 3X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT - SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1952 to 1/5, 1952 that I last saw the deceased alive on 1/4, 1952, and that death occurred at 12:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Scott C. Benson M.D.		23b. ADDRESS 202 Phys Surg Bldg		23c. DATE SIGNED 1/9/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 8, 1952.	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.		
DATE REC'D BY LOCAL REG. Jan. 16, 1952	REGISTRAR'S SIGNATURE Carl C. Casper	25. FUNERAL DIRECTOR'S SIGNATURE Walter Weichhofer		ADDRESS St. Joseph, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....****

working under my personal supervision.

Student Embalmer No.....**** *****

Signed *Albert C. Harrington*

Signed.....**** *****
Student Embalmer

Licensed Embalmer, No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.