

FILED MAR 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6981

State File No.

BIRTH NO. REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Chaffee</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Chaffee</u> <u>1001</u>	
c. LENGTH OF STAY (in this place) <u>5 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>119 Cook Ave.</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Jacob</u>	b. (Middle) <u>N.M.E.</u>	c. (Last) <u>Seyer</u>	(Month) <u>Feb.</u>	(Day) <u>25</u>	(Year) <u>1952</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Dec 3, 1865</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Hamburg, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Joseph Seyer</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Radin Seyer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Pete Seyer</u> ADDRESS <u>Chaffee, Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>COMPLETE HEART BLOCK (BUNDLE BRANCH)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 HRS.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MYOCARDOSIS</u>		<u>2 YRS.</u>
	DUE TO (c) <u>MITRAL INSUFFICIENCY</u>		<u>5 YRS.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PARTIAL BOWEL OBSTRUCTION 3 weeks</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NATURAL</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>CHAFFEE, MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>NONE</u>
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22. I hereby certify that I attended the deceased from Dec 1, 1951, to FEB 25, 1952, that I last saw the deceased alive on FEB 25, 1952, and that death occurred at 230 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. J. Mosebach, D.O.</u> (Degree or title)	23b. ADDRESS <u>CHAFFEE, MO</u>	23c. DATE SIGNED <u>2-26-52</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-28-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Augustine</u>	24d. LOCATION (City, town, or county) (State) <u>Newso, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb 27 52</u>	REGISTRAR'S SIGNATURE <u>Mrs Fred Ringlinghoff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bisplinghoff Funeral Home</u> ADDRESS <u>Chaffee, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED **FEB 29 195**

SCOTT COUNTY HEALTH CENT

CO. FILE NO. 252-602

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
Student Embalmer

Signed Mamie Bisplinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.