

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **583**

FILED JAN 26 1954

BIRTH NO. _____ REG. DIST. NO. **70** PRIMARY REG. DIST. NO. **5281** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Clark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clark	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Madison Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural	
c. LENGTH OF STAY (in this place) years		d. STREET ADDRESS (If rural, give location) Madison Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		0 230 0	

3. NAME OF DECEASED (Type or Print) a. (First) Adam b. (Middle) Seiff c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 1-13-1954		
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5. SEX Male	6. COLOR OF RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-16-1874	9. AGE (In years last birthday) 79	# UNDER 1 YEAR Months	# UNDER 1 WEEK Days	# UNDER 1 HOUR Hours	# UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (State or foreign country) Lee Co. Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Michael Seiff	13b. MOTHER'S MAIDEN NAME Elizabeth Kauscher	14. NAME OF HUSBAND OR WIFE Elizabeth Muhrer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) no	16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME Mrs Helen Roche ADDRESS Kahoka Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary 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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **19**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:30** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Perry S. Barton, Coroner	23b. ADDRESS Kahoka, Mo.	23c. DATE SIGNED 1-14-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-15-54	24c. NAME OF CEMETERY OR CREMATORY St. Paul's Park	24d. LOCATION (City, town, or county) (State) Clark Co. Missouri
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DATE REC'D BY LOCAL REG. 1-18-54	REGISTRAR'S SIGNATURE J. P. Bridger 61	25. FUNERAL DIRECTOR'S SIGNATURE Fred Kalle ADDRESS Kahoka Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2230

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 _____

Fred Karle

Licensed Embalmer No. *1023*

P. O. Address _____

Kahoka 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.