

FILED APR 19 1954

STANDARD CERTIFICATE OF DEATH

State File No. 12623

BIRTH NO. _____		REG. DIST. NO. 167		PRIMARY REG. DIST. NO. 5698		Registrar's No. 96	
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Livingston			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Chillicothe Livingston		c. LENGTH OF STAY (In this place) 41 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Livingston Twp Co			
d. FULL NAME OF HOSPITAL OR INSTITUTION -----				d. STREET ADDRESS (If rural, give location) Sampson Lump 05-90			
3. NAME OF DECEASED (Type or Print) Chris		a. (First) Chris		b. (Middle) A.		c. (Last) Seifert	
4. DATE OF DEATH A pril 12, 1954		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH May 31, 1883		9. AGE (In years last birthday) 70 yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	
11. BIRTHPLACE (State or foreign country) M ooresville, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Christian Seifert		13b. MOTHER'S MAIDEN NAME Roselie Boderer	
14. NAME OF HUSBAND OR WIFE Ina Seifert		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -----		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME Mrs Ina Seigert	
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 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) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous attack of coronary thrombosis				INTERVAL BETWEEN ONSET AND DEATH 3 days 16 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 Apr 7, 1954, to Apr 12, 1954, that I last saw the deceased alive on April 7, 1954, and that death occurred at 2 P.M., from the causes and on the date stated above.							
23a. SIGNATURE G.W. Carpenter MD				23b. ADDRESS Chillicothe, Mo		23c. DATE SIGNED 4-13-54	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE 4-14-54		24c. NAME OF CEMETERY OR CREMATORY Mooreville Cem		24d. LOCATION (City, town, or county) (State) Mooreville, Mo	
DATE REC'D BY LOCAL REG. 4-13-54		REGISTRAR'S SIGNATURE Francis B. Neal		25. FUNERAL DIRECTOR'S SIGNATURE Meads Funeral Service		ADDRESS Braymer, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 27 1955

MAY 26 1955

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



Licensed Embalmer No. 2801

P. O. Address. Braymer, 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.