

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12970**

FILED MAY 6 1954

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

BIRTH NO. _____		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 5964		Registrar's No. 24				
1. PLACE OF DEATH a. COUNTY Platte				2. USUAL RESIDENCE (Where deceased lived. If institution of residence before death, give institution.) a. STATE Mo				b. COUNTY Platte		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Parkville Platte		c. LENGTH OF STAY (In this place) 25 yr		c. CITY OR TOWN Parkville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION at home				e. STREET ADDRESS (If rural, give location) Rx 379c R7D.5 0830						
3. NAME OF DECEASED (Type or Print) a. (First) James Abraham			b. (Middle) Garfield			c. (Last) Seybold		4. DATE OF DEATH (Month) (Day) (Year) April. 22 - 1954		
5. SEX male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		8. DATE OF BIRTH Mar. 28 1881		9. AGE (In years last birthday) 73		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Fishhook, Ill.			12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Gasper Seybold			13b. MOTHER'S MAIDEN NAME May Stauffer			13c. NAME OF HUSBAND OR WIFE Lena Hungate			Dec'd 1921	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Floyd Seybold			ADDRESS 915 East 44th Avenue No. K.C. 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		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Acidosis				ANTECEDENT CAUSES						
				DUE TO (b) Generalized arteriosclerosis						
				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						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)		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 Mar , 19 52 , to April , 19 54 , that I last saw the deceased alive on _____, 19____, and that death occurred at 4 A. m., from the causes and on the date stated above.										
23a. SIGNATURE Bernard C. Mullins (Degree or title) M.D.				23b. ADDRESS 1808 Supt St. W.K.C.				23c. DATE SIGNED 4-22-54		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE April 23-54		24c. NAME OF CEMETERY OR CREMATORY Springhill Ky		24d. LOCATION (City, town, or county) (State) Harrodsburg Ky				
DATE REC'D BY LOCAL REG. 4-28-54		REGISTRAR'S SIGNATURE Rphia Rollins 257			25. FUNERAL DIRECTOR'S SIGNATURE Floyd H. Francis			ADDRESS Parkville Mo		



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
Signature of Student Embalmer

Signed *Leland H. Francis*

Licensed Embalmer No. *245*

P. O. Address *Parkville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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