

S. No. 300
V. 10-48

FILED SEP 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31195

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5694 Registrar's No. 169

1. PLACE OF DEATH a. COUNTY <u>Livinston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Chillicothe</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Chillicothe</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RED #2 Chillicothe</u>		d. STREET ADDRESS (If rural, give location) <u>RED #2 Chillicothe, Mo.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CHARLES</u>	b. (Middle) <u>MILTON</u>	c. (Last) <u>SEIBERLING</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Sept. 13 1954</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 3 1865</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Days <u>11 10</u>	IF UNDER 12 HRS. Hours <u>12</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>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Warrenton, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Seiberling</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Edel</u>	14. NAME OF HUSBAND OR WIFE <u>Carrie Liton Seiberling</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or 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>Mrs. B. B. Bowen</u> ADDRESS <u>Chillicothe, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		<u>14 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		<u>Known</u>
	DUE TO (c) _____		<u>77 hrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>332 X</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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____, that I last saw the deceased alive on 12 Sept., 1954, and that death occurred at 5:50 AM from the causes and on the date stated above.

23a. SIGNATURE <u>Charles M. Grace M.D.</u> (Degree or title)	23b. ADDRESS <u>Chillicothe, MO.</u>	23c. DATE SIGNED <u>Sept-13-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>14 Sept 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Avalon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Avalon, (Liv. Co.) Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept-13-54</u>	REGISTRAR'S SIGNATURE <u>Trancelo B. Neill</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Normal Funeral Home</u> ADDRESS <u>Chillicothe, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

2590

2336 F. I. N.Y.

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 Edwin Rimmer

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Mo.

Note: The above MUST BE SIGNED BY A 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 shown on reverse side above.