

FILED JUN 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20958
Registrar's No. 59

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3030

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

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Mo b. COUNTY: Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 806 W. Main St.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Municipal Parking Lot			

3. NAME OF DECEASED (Type or Print) a. (First) HOMA b. (Middle) Hoyt c. (Last) Seifert	4. DATE OF DEATH (Month) (Day) (Year) May 28, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Nov. 27, 1898	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glassworker	10b. KIND OF BUSINESS OR INDUSTRY Mfg. Plate Glass	11. BIRTHPLACE (State or foreign country) Danby, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Seifert	13b. MOTHER'S MAIDEN NAME Nevada O'Dell	14. NAME OF HUSBAND OR WIFE Never Married
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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) Yes W.W. I	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Maynard Seifert, 106 Jefferson Crystal City	ADDRESS Crystal City
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Due to natural causes		
	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.			

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) 7954
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Arthur B. Swenly, Do. Genl. Jefferson Co. Mo.	(Degree or title)	23b. ADDRESS 3030 W. Main St. - Festus	23c. DATE SIGNED 5-30-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/2/56	24c. NAME OF CEMETERY OR CREMATORY Methodist	24d. LOCATION (City, town, or county) (State) Festus., Mo.
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DATE REC'D BY LOCAL REG. 5-30-56	REGISTRAR'S SIGNATURE Paul G. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Maynard [Signature]	ADDRESS Funeral Home, Inc., Festus, Mo.
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JEFFERSON COUNTY HEALTH DEPT.
MILLSBORO, MISSOURI

JUN 19 1956

DATE RECEIVED

JUN 6 1956

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

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working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Keith B. Vinyard

Licensed Embalmer No.

4946

P. O. Address

Festus, 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.