

FILED AUG 10 1956

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24656**

BIRTH NO. _____ REG. DIST. NO. **280** PRIMARY REG. DIST. NO. **h-969** Registrar's No. **h-8**

1. PLACE OF DEATH a. COUNTY Platte (Missouri River)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Leavenworth	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Missouri River, Fair		c. LENGTH OF STAY (in this place) 9 days	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION none		e. STREET ADDRESS (If rural, give location) 1105 Grand Avenue	

3. NAME OF DECEASED (Type or Print) Victor Leone Seichepine		4. DATE OF DEATH (Month) (Day) (Year) July 20, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 2, 1932
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furniture Packer		10b. KIND OF BUSINESS OR INDUSTRY Overseas Packing	11. BIRTHPLACE (City and State or Foreign Country) Piper, Kansas
13a. FATHER'S NAME Frank Seichepine		14. NAME OF HUSBAND OR WIFE Alma Seichepine	

13b. MOTHER'S MAIDEN NAME Minnie Dohn		14. NAME OF HUSBAND OR WIFE Alma Seichepine	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alma Seichepine Leav. Kansas	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DROWNING		II. OTHER SIGNIFICANT CONDITIONS 975X			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) _____			
		DUE TO (c) _____			

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) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Missouri River		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Leavenworth Leavenworth Kansas	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 20, 1956		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Jumped from Bridge into Mo. River	

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 (Degree or title) Coland M. Giffey, Coroner		23b. ADDRESS Parlville, Mo.		23c. DATE SIGNED 7-30-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 30, 1956		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
		24d. LOCATION (City, town, or county) (State) Fort Leavenworth Kansas			

DATE REC'D BY LOCAL REG. 7.30.56		REGISTRAR'S SIGNATURE Rhonia Rollins		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sexton Funeral Chapel Leavenworth, K	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

257-0

AUG 16 1956



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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 *Arthur L. Hart*.....

Licensed Embalmer No. 300

P. O. Address 5th & Oak
Leavenworth, Kansas

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.