

No symptoms were registered. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

5182

FILED MAR 7 1957

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 70

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Blue</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Buttig, Ave. & Kentucky Ave.</u> Length of stay in lb				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City 22</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>804 So. Sterling</u> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>E.</u> Last <u>Seck</u>			4. DATE OF DEATH Month <u>February</u> Day <u>23</u> Year <u>1957</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 14, 1915</u>		9. AGE (In years last birthday) <u>42</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Metal Finisher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fisher Body</u>		11. BIRTHPLACE (City and state or country) <u>Louisburg, Kansas</u>			
13. FATHER'S NAME <u>Anthony J. Seck</u>			14. MOTHER'S MAIDEN NAME <u>Mary Dauwe</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>496-03-6928</u>		17. INFORMANT Address <u>Mrs. Mildred M. Seck, K.C. 22, Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock of Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Crushed chest ruptured lungs</u> DUE TO (c) <u>for femur</u>					INTERVAL BETWEEN ONSET AND DEATH <u>8:04 26</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Two car collision</u>					
20c. TIME OF INJURY Hour <u>1</u> Month <u>2</u> Day <u>23</u> Year <u>57</u> a. m. p. m.		12:00					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Indefinite</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Raytown, Missouri</u>			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Richard H. Pusey</u>			22b. ADDRESS <u>1034 Rector Bldg</u>		22c. DATE SIGNED <u>2-24-57</u>		
23a. BURIAL OR REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/26/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>			
23d. LOCATION (City, town, or county) (State) <u>Raytown, Missouri</u>		24. FUNERAL DIRECTOR ADDRESS <u>GEO. C. CARSON & SON'S, Independence</u>					
25. DATE RECD. BY LOCAL REG. <u>2-26-57</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>					

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 4 1957

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 John A. Redman....., Student Embalmer No. 54

working under my personal supervision..

Student John A. Redman
Signature of Student Embalmer

Signed Floyd C. Carson
Licensed Embalmer No. 41

P. O. Address Indip

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.