

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28350

STATE FILE NUMBER
3652

FILED AUG 23 1957

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Little Sisters Home | | Length of stay in lb 10 years | d. STREET ADDRESS (If outside, give location) 5331 Highland Ave. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First: Michael Middle: John Last: Seufert | | | 4. DATE OF DEATH Month July Day 31 Year 1957 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Oct. 17, 1867 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired clerk | | 10b. KIND OF BUSINESS OR INDUSTRY Hotel | 11. BIRTHPLACE (City and state or country) Germany |
| 13a. FATHER'S NAME Bernard Seufert | | 13b. MOTHER'S MAIDEN NAME Mary Wanthamar | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 499-18-1574 | 17. INFORMANT Mother Superior, Little Sisters Home Address 4201 |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 5331 Highland Ave. Acute Coronary Thrombosis DUE TO (b) Hypertension DUE TO (c) Arterio-sclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH 27 hrs 10 yrs 20 yrs |
| 20a. ACCIDENT <input 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.) | |
| 20c. TIME OF INJURY Hour 3:30 Month Aug Day 3 Year 1957 a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT <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.) | | 20f. CITY, TOWN, OR LOCATION 6/19/57 to 7/31/57 and last saw her alive on 7/30/57 | |
| 21. I attended the deceased from Death occurred at 3:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE Joseph A. Fogarty Degree or title D.O. | |
| 22b. ADDRESS 5811 Juniper Rd K.C. Mo | | 22c. DATE SIGNED 8/2/57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Aug. 3, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Calvary |
| 23d. LOCATION (City, town, or county) K.C. Mo. | | 23e. DATE RECD. BY LOCAL REG. 8-3-57 | |
| 24. FUNERAL DIRECTOR Thomas E. Quirk 4316 Troost Ave. | | 26. REGISTRAR'S SIGNATURE neva minshall | |

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Joseph A. Fogarty

