

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017474
STATE FILE NUMBER

FILED MAY 19 1958 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY CALLAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MARIES			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FULTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN BELLE	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. HOSPITAL #1		Length of stay in lb HOSPITAL OR INSTITUTION 19 yrs.		d. STREET ADDRESS UNK. (If outside, give location)	
3. NAME OF DECEASED (Type or print) First TONY Middle SEIBERT Last		4. DATE OF DEATH Month MAY Day 13, Year 1958			
5. SEX MALE <input checked="" type="checkbox"/>	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 UNKNOWN	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) UNKNOWN 9	
12. CITIZEN OF WHAT COUNTRY? UNKNOWN		13a. FATHER'S NAME ANTOINE SEIBERT		13b. MOTHER'S MAIDEN NAME BARBARA SCHAEFFER	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT ST. HOSPITAL # 1, FULTON, MISSOURI		Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE DUE TO (b) GENERALIZED ARTERIOSCLEROSIS DUE TO (c) 4200 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CHRONIC BRAIN SYNDROME WITH CEREBRAL ARTERIOSCLEROSIS					INTERVAL BETWEEN ONSET AND DEATH
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 Month, Day, Year a.m. p.m.					
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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. X X ST. HOSPITAL #1 2-9-1939, to 5-13-1958 and last known alive on 5-13-1958 Death occurred at 12:20 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Erwin Leonhardt, M.D.</i>		22b. ADDRESS St. Hospital #1, Fulton		22c. DATE SIGNED 5/13/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) 5/14/58		23b. DATE 5/14/58		23c. NAME OF CEMETERY OR CREMATORY Anatomical Board	
23d. LOCATION (City, town, or county) Columbia		23e. (State) MO.			
24. FUNERAL DIRECTOR <i>Robert Johnston</i>		ADDRESS Columbia MO.		25. DATE RECD. BY LOCAL REG. May-14-1958	
26. REGISTRAR'S SIGNATURE <i>Maretha Lawrence</i>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

Licensed Embalmer No.....

P. O. Address.....

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.