

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018965
State File No.

FILED JUN 15 1958

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>3041</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Macon</u>		c. LENGTH OF STAY (in this place) <u>1 Yr.</u>		c. CITY OR TOWN <u>Macon</u> <u>0611</u>		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 (If not in hospital or institution, give street address or location) <u>508 E. Vine St.</u>				No. STREET ADDRESS (If rural, give location) <u>508 E. Vine St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ALBERT</u>		b. (Middle) <u>EDWARD</u>		c. (Last) <u>SEBELIEN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 3 1958</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Mar. 8, 1872</u>		9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>25</u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchandise Broker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Davenport Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>August Sebelien</u>		13b. MOTHER'S MAIDEN NAME <u>Areta Wiederspacher</u>		14. NAME OF HUSBAND OR WIFE <u>Mabel Patton Sebelien</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY <u>337-07-3179</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mabel P. Sebelien, Macon, Mo.</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 WKS.</u>	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Uremia</u>					
		ANTECEDENT CAUSES <u>Arteriosclerotic Cardio-Vascular</u> DUE TO (b) <u>Renal disease</u> <u>2 yrs.</u>					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Small Arteriosclerosis</u> <u>1 yr.</u>					
		II. OTHER SIGNIFICANT CONDITIONS <u>Diabetes Mellitus</u> <u>1 yr.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) <u>442 X</u>			
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?			
22. I hereby certify that I attended the deceased from <u>Nov 1957</u> , to <u>May 3, 1958</u> , that I last saw the deceased alive on <u>May 3, 1958</u> , and that death occurred at <u>4:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James E. Campbell M.D.</u>				23b. ADDRESS <u>Macon Mo.</u>		23c. DATE SIGNED <u>5/7/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/6/1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood</u>		24d. LOCATION (City, town, or county) (State) <u>Macon Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5/27/58</u>		REGISTRAR'S SIGNATURE <u>R. C. McNeely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. C. McNeely</u>		ADDRESS <u>Macon, Mo.</u>	

Date Filed 6.3.58

JUN 6 1958

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 *P. L. Bean*.....

Licensed Embalmer No. 4472

P. O. Address Macon, Miss

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.