

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028858
STATE FILE NUMBER

FILED SEP 2 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 823

300
1-56

All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Green		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Webster	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Seymour 1120 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hosp.		Length of stay in 1b 4 hrs.	d. STREET ADDRESS (If outside, give location) Seymour R.F.D. 3 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle Frank Last Semch			4. DATE OF DEATH Month August Day 20 Year 1958
5. SEX Male U	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 2-1891
9. AGE (In years (State birthday)) 67		IF UNDER 1 YEAR Months 7 Days 18	IF UNDER 24 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Lacrosse Wis.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Wenzel Semch	
14. MOTHER'S MAIDEN NAME Mary Kindiger		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) Yes W.W.# 1	
16. SOCIAL SECURITY NO. 496-42-7260		17. INFORMANT Address W.F.Semch Jr. Seymour, Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 3rd degree burn - thermal			INTERVAL BETWEEN ONSET AND DEATH 4 P
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.) Trench accident. Highway 60 with spillage of gasoline	
20c. TIME OF INJURY Hour 11 a. m. Month 8 Day 20 Year 58		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway 60	
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE Near Seymour Webster Mo	
21. I attended the deceased from Aug 20, 58 to Aug 20, 58 and last saw ^{from} him alive on Aug 20, 1958 Death occurred at 3:10 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>W.F. Semch Jr.</i>		22b. ADDRESS <i>Seymour</i>	22c. DATE SIGNED 8-22-58
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial	23b. DATE 8-24-1958	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem.	23d. LOCATION (City, town, or county) (State) Webster County Mo.
24. FUNERAL DIRECTOR ADDRESS Gorden Conner Seymour, Mo.		25. DATE RECD. BY LOCAL REG. 8-25-58	26. REGISTRAR'S SIGNATURE <i>Effie G. Melton</i>

1958

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 *Clay L. Farrell*

Licensed Embalmer No. *484*

P. O. Address *Manassas*

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.