

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044795

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No. 179 Primary Registration District No. 5669 Registrar's No. 207

300

-57

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hawkpoint (Township)</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>5700</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6 Mi. NW Hawkpoint MO.</u>		Length of stay in 1b <u>9</u>	d. STREET (If outside, give location) ADDRESS <u>Yr. 6 Mi. NW of Hawkpoint MO,</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Henry</u> Last <u>Seifert</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>18,</u> Year <u>1958</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>July 6, 1905</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>12</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tool & Machine Designer & Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rinkley Mfg. Co.</u>		11. BIRTHPLACE (City and state or country) <u>St Louis Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Ella Polst</u>	
14. NAME OF HUSBAND OR WIFE <u>Wanda Seifert</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>404-07-8346</u>	
17. INFORMANT <u>Wanda Seifert</u>		Address <u>Hawkpoint 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>Coronary Thrombosis</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>		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 <u>Hawkpoint</u>		COUNTY <u></u> STATE <u></u>	
21. I attended the deceased from <u></u> to <u>12/18/58</u> and last saw him alive on <u>12/18/58</u> Death occurred at <u>12:30 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>J. C. Seck</u> (Degree or title)			22b. ADDRESS <u>Tracy Mo.</u>		22c. DATE SIGNED <u>12-19-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 20, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hawkpoint Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Hawkpoint MO.</u>	
24. FUNERAL DIRECTOR <u>D. W. M. & Co. Tracy Mo.</u>		ADDRESS <u></u>		25. DATE RECD. BY LOCAL REG. <u>12-19-1958</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte Seek</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Annex 1359

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 *D. D. McCoy*
Licensed Embalmer No. *3382*
P. O. Address *Tray*

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.