

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016234

FILED VS. APR 22 1960

Registration District No. 247

Primary Registration District No. 4366

Registrar's No. 15

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Newton				
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Granby			Length of stay in 1b 10 yrs		c. CITY OR TOWN Granby		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Granby Community Hosp.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) Rt #2		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Jesse Middle Ray Last Seneff						4. DATE OF DEATH Month April Day 16 , Year 1960		
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 8-10-1898	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours 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) Odon, Ind.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joseph H. Seneff			13b. MOTHER'S MAIDEN NAME UK			14. NAME OF HUSBAND OR WIFE None		
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. 509-20-3365		17. INFORMANT Address Mr. George Seneff Granby, 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) Toxemia							INTERVAL BETWEEN ONSET AND DEATH 2 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Intestinal Obstruction.							3 days	
DUE TO (c) Femoral Hernia.							1 week	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 a.m. p.m.	Month, Day, Year							
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. I attended the deceased from April 8 '60 to April 16 '60 and last saw her/him alive on April 16 '60 Death occurred at 4:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Charles O. Chester, D.O.				22b. ADDRESS GRANBY Mo.		22c. DATE SIGNED 4-17-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-19-1960	23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		23d. LOCATION (City, town, or county) Ottawa, Kansas		(State)		
24. FUNERAL DIRECTOR Shewmake Funeral Home, Granby, Missouri			25. DATE RECD. BY LOCAL REG. Apr 17, 1960		26. REGISTRAR'S SIGNATURE M. B. Young			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 6 1960

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

Floyd E. Shermaker

Licensed Embalmer No.

4923

P. O. Address

Box 58 Granby,

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.