

FILED DEC 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36372**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **86** PRIMARY REG. DIST. NO. **5322** Registrar's No. **26-1955**

1. PLACE OF DEATH a. COUNTY <b>Crawford</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Crawford</b>	
b. CITY OR TOWN <b>Cuba "Rural" Benton</b>	c. LENGTH OF STAY (In this place) <b>12 Yrs</b>	c. CITY OR TOWN <b>Cuba</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3 mi. N.E. of Cuba on RT 2</b>		e. STREET ADDRESS (If rural, give location) <b>3 mi. N.E. of Cuba on RT 2 - 0280</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Julia</b> b. (Middle) <b>M</b> c. (Last) <b>Seiler</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 26 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 12 1862</b>	9. AGE (In years last birthday) <b>93</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>14</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Boston, Mass.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Conrad Martin</b>	13b. MOTHER'S MAIDEN NAME <b>Louise</b>	14. NAME OF HUSBAND OR WIFE <b>Michael Seiler - Deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>W. E. Martin</b>	ADDRESS <b>RT 2 Cuba, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Starvation</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of Rectum</b> DUE TO (c) <b>Senility</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>		<b>154x</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **10-31**, 1955, to **11-26**, 1955, that I last saw the deceased alive on **10-31**, 1955, and that death occurred at **9:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. E. Camalen</b>	23b. ADDRESS <b>M.D. Bourbon, Missouri</b>	23c. DATE SIGNED <b>Nov. 28, 1955</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Nov 27 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>U. P. Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Cuba Mo</b>
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DATE REC'D BY LOCAL REG. <b>11-29-1955</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Cuba, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

# Julia M. Martin Seiler

Memorial

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Birth: Mar. 12, 1862  
Boston  
Suffolk County  
Massachusetts, USA  
Death: Nov. 26, 1955  
Crawford County  
Missouri, USA

w/o Michael Seiler-deceased  
d/o Conrad Martin and Louise

Burial:

[Kinder Cemetery](#)

Cuba

Crawford County

Missouri, USA

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Created by: [McKenzie](#)

Record added: Jan 25, 2013

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Cemetery Photo

Added by: [Sarah Woelfel](#)