

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 11 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

44521

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Francois <sup>3</sup> Registration District No. 773  
(b) Township St. Francois Primary Registration District No. 6018A Registered No. 197  
(c) City Near Farmington (d) Street No. State Hospital No. 4 St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Fred Seals

(a) Residence, No. Piedmont, Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

| PERSONAL AND STATISTICAL PARTICULARS  |  |  |           |   |
|---|--|--|-----------|---|
| 3. SEX<br>Male  | 4. COLOR OR RACE<br>White  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br>Married |           |   |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br>Paralee Seal              |  |  |           |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1877                                     |  |  |           |   |
| 7. AGE  | YEARS<br>62  | MONTHS<br>1  | DAYS<br>4 | IF LESS than 1 day, ..... hrs. or ..... min.    |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>box factory worker</u> |  |           |   |
|   | 9. Industry or business in which work was done, as saw mill, bank, etc.                                      |  |           |   |
|   | 10. Date deceased last worked at this occupation (month and year)  |  |           |   |
|   |  |  |           | 11. Total time (years) spent in this occupation |
| FATHER  | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Missouri</u>  |  |           |   |
|   | 13. NAME<br><u>John P. Seal</u>  |  |           |   |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Reynolds Co. Missouri</u>                             |  |           |   |
| MOTHER  | 15. MAIDEN NAME<br><u>Polly Mann</u>   |  |           |   |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Reynolds Co. Missouri</u>                             |  |           |   |
| 17. INFORMANT <u>Records of State Hospt. #4</u><br>(ADDRESS) <u>Farmington.</u>           |  |  |           |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Piedmont</u> DATE <u>12-23</u> 19 <u>39</u> |  |  |           |   |
| 19. FUNERAL DIRECTOR (NAME) <u>Norman W. Gish</u><br>(ADDRESS) <u>Piedmont, Mo.</u>       |  |  |           |   |
| 20. FILED <u>Dec 21, 1939</u> <u>B. J. Robinson</u><br>Local Registrar.                   |  |  |           |   |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-21 193922. I HEREBY CERTIFY, That I attended deceased from 12-6, 1938 to 12-21, 1939I last saw him alive on 12-21, 1939. Death is said to have occurred on the date stated above, at 10:05 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Arteriosclerosis with psychosis - probably (Terminal Exhaustion) Date of onset 1938

Other contributory causes of importance:

Chronic Myocarditis (Rheumatic)  
Renal Arteriosclerosis (arterial)

Name of operation no Date of noWhat test confirmed diagnosis urin + lab Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_Where did injury occur? Home (City or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) G. Tivis Graves, M. D.(Address) Farmington, Mo.

**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 .....

Registered Apprentice No....., working under my personal supervision.

Signed Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Quidmont Mo.

**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 this body is not embalmed, above space should be left blank.**