

No. 300
10-47
5-17-39
PI 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25998**
Registrar's No. **693**

FILED AUG 30 1948

Registration District No. **128**

Primary Registration District No. **2000**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Greene**
(b) City or town **Springfield MO**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1445 E High 1
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution **Not Hospitalised**
(Specify whether
In this community **All life 3 mos 5 days**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **1445 East High**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME **MICHAEL GLEN Seely**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **MALE** 5. Color or race **W**
6. (a) **Single**, widowed, married, divorced **Infant**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **MAY 15 1948**
(Month) (Day) (Year)

8. AGE: Years **NO** Months **3** Days **5** If less than one day **X** hr. **X** min.

9. Birthplace **Springfield Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business _____

MOTHER FATHER
12. Name **HARRY G. Seely**
13. Birthplace **Fordland-Missouri MO**
(City, town, or county) (State or foreign country)
14. Maiden name **KATH E. McRonalD**
15. Birthplace **Fordland-MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Father - Harry G. Seely**
(b) Address **R.D. #7 Springfield MO**
17. (a) **Burial** (b) Date thereof **8-22-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Seymour, Mo.**

18. (a) Signature of funeral director **Tex Tamey**
(b) Address **Marshallfield, Missouri**
19. (a) **8-25-48** (b) **R.E. Handley JR**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **20th**
year **1948** hour **3** minute **20 P.M.**
21. I hereby certify that I attended the deceased from **Birth**
May 15, 1948 to **Aug. 20, 1948**
that I last saw him alive on **Aug. 18, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Menigitis, spinal** Duration **1 week**
Due to **Infection of spina bifida from a congenital lesion** from **birth**
Due to _____

Other conditions **Hydrocephalus, congenital**
(Include pregnancy within 6 months of death)

Major findings:
Of operations _____
Of autopsy **1577**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **A. Heptner O.** (M. D. _____)
Address **Springfield MO** Date signed **8/20/48**

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 _____

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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, fact should be so stated above.