

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39915**

FILED JAN 7 1949

49

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

BIRTH NO. _____		REG. DIST. NO. <b>136</b>		PRIMARY REG. DIST. NO. <b>5501</b>		Registrar's No. <b>6</b>	
1. PLACE OF DEATH a. COUNTY <b>Harrison</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY <b>W</b>			
b. CITY OR TOWN <b>Rural Washington Twp</b>		c. LENGTH OF STAY (In this place) <b>1</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Gary</b> b. (Middle) <b>Lee</b> c. (Last) <b>Seyer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 23 1948</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Sept 20, 1948</b>	
9. AGE (In years last birthday) _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>Washington Twp HCO Mo 99</b>		12. CITIZEN OF WHAT COUNTRY? _____	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>✓</b>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Roy Seyer</b>			13b. MOTHER'S MAIDEN NAME <b>Elsie Allen</b>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <b>✓</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Roy Seyer Ridgeway Mo.</b> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>386</b>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chicken pox</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>Dec 20, 1948</b> , to <b>Dec 23, 1948</b> , that I last saw the deceased alive on <b>Dec 23, 1948</b> , and that death occurred at <b>6:10 P.M.</b> , from the causes and on the date stated above. <b>2</b>							
23a. SIGNATURE <b>R. L. Green</b> (Degree or title) <b>D.O.</b>			23b. ADDRESS <b>New Hampton Mo</b>			23c. DATE SIGNED <b>12/24/48</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <b>Dec 24 1948</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Holts Chapel Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>South English Mo.</b>	
DATE REC'D BY LOCAL REG. <b>1-1-49</b>		REGISTRAR'S SIGNATURE <b>Chas Adair</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Joe E. Wheeler</b> ADDRESS <b>Bethany Mo</b>			

**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 W.S.

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Joe E. Wheeler

Licensed Embalmer No. 3512

P. O. Address Anthony 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.