

FILED APR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8778

BIRTH NO. _____		REG. DIST. NO. 154		PRIMARY REG. DIST. NO. 5575		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grandview		c. LENGTH OF STAY (in this place) 9 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grandview			
d. FULL NAME OF HOSPITAL OR INSTITUTION no street address				d. STREET ADDRESS (If rural, give location) no street address			
3. NAME OF DECEASED (Type or Print) Charles		a. (First) b. (Middle) Walter		c. (Last) Seek		4. DATE OF DEATH (Month) (Day) (Year) March 31, 1949	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 25, 1871	
9. AGE (In years last birthday) 77		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Contractor		10b. KIND OF BUSINESS OR INDUSTRY general		11. BIRTHPLACE (State or foreign country) Hardin, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Charles Seek		13b. MOTHER'S MAIDEN NAME Mary A. Renfro		14. NAME OF HUSBAND OR WIFE Mary E. Seek	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Seek, Grandview, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Interval between onset and death				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 14, 1949, to March 31, 1949, that I last saw the deceased alive on March 31, 1949, and that death occurred at 9:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE R. L. West 2nd D.O.		(Degree or title)		23b. ADDRESS P.O. Box 1000		23c. DATE SIGNED 4-2-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/3/49		24c. NAME OF CEMETERY OR CREMATORY Lexington		24d. LOCATION (City, town, or county) (State) Lexington, Missouri	
DATE REC'D BY LOCAL REG. 4/5/49		REGISTRAR'S SIGNATURE Dr. C. B. Hedges		3545 25. GENERAL DIRECTOR'S SIGNATURE B. T. George		ADDRESS Grandview, Mo.	

(Licensed Embalmers' Statement on Reverse Side)

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

MAR 2 1951

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

A. K. George

Licensed Embalmer No. *5645*

P. O. Address *Grandview, 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.