

THE DIVISION OF HEALTH OF MISSOURI  
FILED JUN 20 1949 STANDARD CERTIFICATE OF DEATH

State File No. **19211**  
Registrar's No. **522**

BIRTH NO. **335-96-49** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

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

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b> c. LENGTH OF STAY (In this place) <b>( )</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b> <b>39</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>646 S. Grant</b>	
3. NAME OF DECEASED a. (First) <b>William</b> b. (Middle) <b>Milton</b> c. (Last) <b>Seamans</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 12 1949</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>June 9 - 1949</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>	11. BIRTHPLACE (State or foreign country) <b>Mo. U</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Eugene Seamans</b>	
13b. MOTHER'S MAIDEN NAME <b>Hallie Lucille Walls</b>		14. NAME OF HUSBAND OR WIFE <b>Infant</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give way or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>no.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Father - 646 So. Grant</b> ADDRESS <b>Springfield Mo.</b>	
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) <b>Erythema blactosum fetalis (Kernicterus?)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>hypoglycemia</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <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>6-11</b> , 19 <b>49</b> , to <b>6-12</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>6-11</b> , 19 <b>49</b> , and that death occurred at <b>1:15</b> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Archie Deane, M.D.</b>		23b. ADDRESS <b>Springfield Mo.</b>	23c. DATE SIGNED <b>6-13-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-13-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maple Park</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>
DATE REC'D BY LOCAL REG. <b>6/13/49</b>	REGISTRAR'S SIGNATURE <b>W.S. Stanley, M.D.</b>	FUNERAL DIRECTOR'S SIGNATURE <b>J.W. Klugner</b> ADDRESS <b>Springfield, Mo.</b>	

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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.

Signed.....

*Max Rhodes*

Signed.....

Student Embalmer

Licensed Embalmer No. ....

*4071*

P. O. Address.....

*Springfield*

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.