

FILED AUG 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25277

State File No. 6538

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY DO	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS.			c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5056 CABANNE AVE., 1				d. STREET ADDRESS (If rural, give location) 12- 5056 CABANNE AVE. 10					
3. NAME OF DECEASED a. (First) CHARLES		b. (Middle) HAMILTON		c. (Last) SEACAT.		4. DATE OF DEATH (Month) (Day) (Year) July 27, 1949			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.		8. DATE OF BIRTH Feb'y 3, 1892.			
9. AGE (In years last birthday) 57.		IF UNDER 1 YEAR (Months) 5.		IF UNDER 24 HRS. (Days) 24.		IF UNDER 2 HRS. (Hours) 0.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Short hand Reporter.			10b. KIND OF BUSINESS OR INDUSTRY Court Reporting.			11. BIRTHPLACE (State or foreign country) Kinsley, Kansas.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME George M. Seacat.		13b. MOTHER'S MAIDEN NAME Rosa Granly.		14. NAME OF HUSBAND OR WIFE Mary Seacat.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Navy.		16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME Mary Seacat, 5056 Cabanne Ave.,				ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion						INTERVAL BETWEEN ONSET AND DEATH None	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, Cardiac						Chronic	
		DUE TO (c) Arteriosclerosis							
		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 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) 97		21d. (STATE) 4500			
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 July 23, 1949 , to July 27, 1949 , that I last saw the deceased alive on July 23, 1949 , and that death occurred at 7:30 P.M. from the causes and on the date stated above.									
23a. SIGNATURE Clarence J. Miller MD				23b. ADDRESS 4965th Delmar		23c. DATE SIGNED 7/28/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/28/49.		24c. NAME OF CEMETERY OR CREMATORY Fredonia Cemetery.		24d. LOCATION (City, town, or county) (State) Fredonia, Kansas.			
DATE REC'D BY LOCAL REG. JUL 28 1949		REGISTRAR'S SIGNATURE J.B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE C.R. LUPTON & SONS; 7233 DELMAR BLVD.					

(Licensed Embalmer's Statement on Reverse Side)

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

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

Arnold W. Schoene

Licensed Embalmer No.

3864

P. O. Address

St. Louis, 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.