

No. 300  
10.48

FILED AUG 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26246**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5144 Registrar's No. 296

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Butler</u>	
b. CITY OR TOWN <u>Jack Rural</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Jack Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Francis Twp</u>		d. STREET ADDRESS (If rural, give location) <u>St. Francis Twp</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>PROVIDENCE</u> c. (Last) <u>SEELY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 5 1949</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>	8. DATE OF BIRTH <u>Dec. 31 - 1876</u>	9. AGE (In years last birthday) <u>73</u>	10. UNDER 1 YEAR Days <u>7</u> 11. UNDER 12 HRS. Min. <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth Seely Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>488-12-3373</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Columbus Seely</u>	ADDRESS <u>Jack MO R1</u>
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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		INTERVAL BETWEEN ONSET AND DEATH  <u>181X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Bladder</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Aug 7, 1949 to Aug 7, 1949, that I last saw the deceased alive on Aug 7, 1949, and that death occurred at 12:34 m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. B. Skill</u> (Disease or title)	23b. ADDRESS <u>Don Jack MO</u>	23c. DATE SIGNED <u>Aug 5/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 5-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Browns Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Brasley MO Rural</u>
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DATE REC'D BY LOCAL REG. <u>Aug 19 1949</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> 428	25. FUNERAL DIRECTOR'S SIGNATURE <u>Shelby Funeral Home</u>	ADDRESS <u>Jack MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Page 1 of 2

AUG 12 REC'D

849-226

BUTLER COUNTY HEALTH CENTER  
POPLAR BLUFF, MISSOURI

AUG 18 1949

**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 \_\_\_\_\_

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 3479

P. O. Address Nepte, 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.