

FILED AUG 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27513

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

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 5839 Registrar's No. 32

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| 1. PLACE OF DEATH a. COUNTY <u>NEWTON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Newton</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>GRANBY RURAL CT</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>GRANBY RURAL CT</u> | |
| c. LENGTH OF STAY (In this place) <u>LIFETIME</u> | | d. STREET ADDRESS (If rural, give location) <u>R#1</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>SEYMOUR</u> c. (Last) <u>LASSWELL</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>8 14 1949</u> |
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| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>7-12-1865</u> | 9. AGE (In years last birthday) <u>84</u> | IF UNDER 1 YEAR Months <u>12</u> | IF UNDER 24 HRS. Days <u>1</u> Hours <u>2</u> Min. |
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| 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>Bellville Ill</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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|---|-------------------------------------|-----------------------------|
| 13a. FATHER'S NAME <u>ANDREW LASSWELL</u> | 13b. MOTHER'S MAIDEN NAME <u>UK</u> | 14. NAME OF HUSBAND OR WIFE |
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| 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. | 17. INFORMANT'S SIGNATURE OR NAME <u>Wm Lasswell</u> | ADDRESS <u>Granby Mo</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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | Interval between onset and death <u>several years</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | <u>331X</u> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | 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 several years, to 8.14, 1949, that I last saw the deceased alive on 8.13, 1949, and that death occurred at 8:30 p. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>W. H. Adams MD</u> (Degree or title) | 23b. ADDRESS <u>Granby Mo.</u> | 23c. DATE SIGNED <u>8.18.49</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>8-16-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>GRANBY CEM</u> | 24d. LOCATION (City, town, or county) (State) <u>GRANBY MO</u> |
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| DATE REC'D BY LOCAL REG. <u>Aug 18, 1949</u> | REGISTRAR'S SIGNATURE <u>M. L. Young</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Sheumaker</u> | ADDRESS <u>Granby Mo</u> |
|--|--|---|--------------------------|

RECEIVED

District Health Officer No. NEWTON CO. HEALTH UNIT
District File Number 849-142
Date Filed AUG. 23, 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.

Student
Student Embalmer

Signed Paul D. Henbest

Licensed Embalmer No. 4576

P. O. Address Cassville

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.