

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31461

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Ray</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Ray</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond, Mo</u>		c. LENGTH OF STAY (in this place) <u>80 Yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond, Mo</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>220 North Main St /</u>			d. STREET ADDRESS (If rural, give location) <u>220 North Main St</u>		

3. NAME OF DECEASED (Type or Print) <u>Mary Jane Seek</u>			4. DATE OF DEATH <u>9/1/49</u>		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 5, 1868</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>26</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Dockery, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>Christopher Trigg</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Joiner</u>	14. NAME OF HUSBAND OR WIFE <u>Samuel I. Seek</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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Irvin E. Seek, Richmond, Mo</u>	ADDRESS <u>Richmond, 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>6-8 mo.</u> <u>15 Yr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</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. <u>Arteriosclerosis & hypertension</u>			
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) _____ (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 July 26, 1949, to Sept 1, 1949, that I last saw the deceased alive on Aug 25, 1949, and that death occurred at 12:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M.C. Johnson M.D.</u>	23b. ADDRESS <u>Richmond, Mo</u>	23c. DATE SIGNED <u>9/3/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/4/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dockery Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dockery, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Sept 3, 1949</u>	REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Quest-Lile F.H.</u>	ADDRESS <u>Richmond, MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED SEP 6

District Health Officer No. 8,

District File Number.....

Date Filed 9-22-49

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 [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 4096

P. O. Address Richmond, 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.