

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40281  
1369

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1369

1. PLACE OF DEATH  
a. COUNTY Buchanan  
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph  
c. LENGTH OF STAY (In this place) 8 days  
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Buchanan  
c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph  
d. STREET ADDRESS (If rural, give location) 1024 Felix Street

3. NAME OF DECEASED  
a. (First) Cleveland b. (Middle) ----- c. (Last) Seals  
4. DATE OF DEATH December 11, 1949

5. SEX Male 6. COLOR OR RACE White 7. MARRIED - NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced  
8. DATE OF BIRTH November 13, 1884 9. AGE (In years last birthday) 65 IF UNDER 24 HRS. Hours | Days | Months | Year | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter  
10b. KIND OF BUSINESS OR INDUSTRY Building Trades  
11. BIRTHPLACE (State or foreign country) Appanoose Co., Iowa.  
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James E. Seals 13b. MOTHER'S MAIDEN NAME Sarah Melsina Seals 14. NAME OF HUSBAND OR WIFE Minnie Seals

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) \*\*\*\*\*  
16. SOCIAL SECURITY NO. 491-09-0507 17. INFORMANT'S SIGNATURE OR NAME James A. Seals ADDRESS St. Joseph, Mo.

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.*  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute renal failure  
ANTECEDENT CAUSES Carcinoma of Prostate  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Renal  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH 177X

19a. DATE OF OPERATION 11/10/49 19b. MAJOR FINDINGS OF OPERATION Carcinoma of Prostate 20. AUTOPSY YES  NO

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) St. Joseph Buchanan Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 11/9/49, 1949, to 12/11/49, 1949, that I last saw the deceased alive on 12/19/49, and that death occurred at 2:20 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles Van Cey, M.D. 23b. ADDRESS P. O. Box St. Joseph Mo 23c. DATE SIGNED 12/12/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Dec. 13, 1949 24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

DATE REC'D BY LOCAL REG. Dec 14, 1949 REGISTRAR'S SIGNATURE K. B. Jenkins 382 FUNERAL DIRECTOR'S SIGNATURE Walter Meierhoffer ADDRESS 1946 Colhoun St. St. Joseph, Mo.

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

DEC 22 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, *Raymond H. Morehea* \*\*\*\*\*

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Student Embalmer No. \*\*\*\*\*

working under my personal supervision.

Student *Raymond H. Morehea* \*\*\*\*\*  
Student Embalmer

Signed *Raymond H. Morehea*

Licensed Embalmer No. *4413* Missouri.

P. O. Address *St. Joseph, Missouri.*

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.