

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12802

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

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Arcadia-Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Arcadia-Rural</u>	
c. LENGTH OF STAY (in this place) <u>6 yrs 8 mo 3 days</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 miles East on Highway 70</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Home for Aged Baptists</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Amelia</u> c. (Last) <u>Seovill</u>			4. DATE OF DEATH (Month) <u>April</u> (Day) <u>8</u> (Year) <u>1950</u>
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>Feb. 4, 1866</u>
9. AGE (In years last birthday) <u>84</u>	10. MONTHS <u>2</u>	11. BIRTHPLACE (State or foreign country) <u>Centerville, Pa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>her home</u>		
13a. FATHER'S NAME <u>J. P. Little</u>	13b. MOTHER'S MAIDEN NAME <u>Mary A. Southwick</u>	14. NAME OF HUSBAND OR WIFE <u>Edwitt F. Seovill</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y, N, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Judith R. Burrey</u> ADDRESS <u>Ironton, Mo.</u>	
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, asphemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>?</u> ANTECEDENT CAUSES DUE TO (b) <u>influenza</u> <u>4 days</u> DUE TO (c) <u>senility</u> <u>?</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>481X</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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I, hereby certify that I attended the deceased from <u>3-28-50</u> , 19 <u> </u> , to <u>4-8-50</u> , 19 <u> </u> , that I last saw the deceased alive on <u>4-4-50</u> , 19 <u> </u> , and that death occurred at <u>7:00 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. E. Farland M.D.</u>		23b. ADDRESS <u>118 N. Main St., Ironton, Mo.</u>	23c. DATE SIGNED <u>4-12-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-10-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Private Bur. Home</u>	24d. LOCATION (City, town, or county) (State) <u>Ironton Mo</u>
DATE REC'D BY LOCAL REG. <u>April 19, 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>[Address]</u>	

RECEIVED

APR 21 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-582

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 _____

Licensed Embalmer No. 4295

P. O. Address _____

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.