

FILED OCT 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 32519

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY Atchison

2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission).
a. STATE Missouri b. COUNTY Atchison

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax c. LENGTH OF STAY (in this place) 33 yrs

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax 0030

d. FULL NAME OF HOSPITAL OR INSTITUTION None d. STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED
a. (First) JOSEPH b. (Middle) YOUNG c. (Last) SEYMOUR

4. DATE OF DEATH (Month) (Day) (Year) Oct 15, 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married

8. DATE OF BIRTH Jan 24, 1876 9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) Trucker 10b. KIND OF BUSINESS OR INDUSTRY own truck 11. BIRTHPLACE (State or foreign country) Atchison County, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George W. Seymour 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Mary B. Seymour

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Mary B. Seymour ADDRESS Fairfax Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion
ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
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. 4201

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 19c. 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) _____

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 15 Oct., 1950, to 15 Oct., 1950, that I last saw the deceased alive on 16 Aug., 1950, and that death occurred at 6:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. J. Widermeyer M.D. 23b. ADDRESS Herbino, Mo. 23c. DATE SIGNED 10/16/50

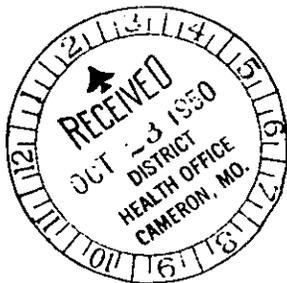
24a. BURIAL, CREMATION, REMOVAL (Country) Burial 24b. DATE Oct 18, 1950 24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cemetery 24d. LOCATION (City, town, or county) (State) Fairfax Mo.

DATE REC'D BY LOCAL REG. Oct. 17, 1950 REGISTRAR'S SIGNATURE Marvin H. Schaefer 25. FUNERAL DIRECTOR'S SIGNATURE Schaefer Funeral Home ADDRESS Fairfax Mo.

(Licensed Embalmer's Statement on Reverse Side)

5030
1

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



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 Marvin H. Schaefer

Licensed Embalmer No. 4162

P. O. Address Lafayette 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.