

STANDARD CERTIFICATE OF DEATH

State File No. 270

FILED JAN 20 1951

BIRTH NO. _____ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 6433 Registrar's No. 1

| | | | | | | | |
|---|--|--|--|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNION RURAL RT.</u> | | c. LENGTH OF STAY (in this place) <u>70 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNION RURAL ROUTE</u> | | 0360 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>HENRY</u> c. (Last) <u>SEARSON</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 9, 1951</u> | | | | |
| 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>Aug 20, 1855</u> | | 9. AGE (In years last birthday) <u>94</u> | IF UNDER 1 YEAR Months <u>4</u> Days <u>19</u> | IF UNDER 48 Hrs. Hours <u></u> Min. <u></u> |
| 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 <u>Farming</u> | | 11. BIRTHPLACE (State or foreign country) <u>Chicago, Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Fritz Seamon</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Dena Seamon</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>No.</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eugene Seamon Union</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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left Ventricular failure</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>4/34/2</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>20</u> | | 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 <u>July</u> , 1949, to <u>9 Jan</u> , 1951, that I last saw the deceased alive on <u>9 Jan</u> , 1951, and that death occurred at <u>8:40 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>William R. Richardson M.D.</u> | | | | 23b. ADDRESS <u>Union, Missouri</u> | | 23c. DATE SIGNED <u>9 Jan 51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>Jan 11, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Union Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>Jan 10, 1951</u> | | REGISTRAR'S SIGNATURE <u>J.T. Cooper</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Etc 98</u> | | ADDRESS <u>Union Funeral Home, Union</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 16 1951

RECEIVED

JAN 27 1951

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 Harlan H. Johansen

Licensed Embalmer No. 4488

P. O. Address Quincy, Ma.

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.