

FILED MAY 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11520

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Warsaw</u>	c. LENGTH OF STAY (in this place) <u>2 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Warsaw 0080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake side Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>R.</u> c. (Last) <u>See</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 1, 1951</u>
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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>Apr 14, 1868</u>	9. AGE (In years last birthday) <u>83</u> if under 1 year Months <u>5</u> Days <u>17</u> if under 2 hrs. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Lincoln Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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13a. FATHER'S NAME <u>George D. See</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Craig</u>	14. NAME OF HUSBAND OR WIFE <u>Beatrice Janna Warsaw</u>
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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 <u>Beatrice Janna Warsaw</u>	ADDRESS <u>Warsaw</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>10 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Atherosclerosis</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Warsaw Mo. Benton Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 10, 1951, to May 1, 1951, that I last saw the deceased alive on April 30, 1951, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Susie Sally</u>	(Degree or title)	23b. ADDRESS <u>Warsaw Mo.</u>	23c. DATE SIGNED <u>5/1/51</u>
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24a. BURIAL, CREMATION, REMOVAL, (Specify) <u>Burial</u>	24b. DATE <u>May 2, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverside</u>	24d. LOCATION (City, town, or county) (State) <u>Warsaw Benton Mo</u>
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DATE REC'D BY LOCAL REG. <u>May 2, 1951</u>	REGISTRAR'S SIGNATURE <u>J. A. Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Rice</u>	ADDRESS <u>Warsaw</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

080  
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RECEIVED 5-7-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 5-7-51

**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 *John F. Reser*

Licensed Embalmer No. 4096

P. O. Address *Warsaw*

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.