

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5553

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

FILED MAR 6 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Post Oak	
c. LENGTH OF STAY (In this place) 2 days		d. STREET ADDRESS (If rural, give location) R.F.D. #1 Leeton, Mo.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Warrensburg medical Center			

3. NAME OF DECEASED (Type or Print)	a. (First) Beechie	b. (Middle) Seuell	c. (Last) Seuell	4. DATE OF DEATH (Month) (Day) (Year) Feb. 22, 1952
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5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married <input checked="" type="checkbox"/>	8. DATE OF BIRTH Feb. 12, 1893	9. AGE (In years last birthday) 59	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Merchant	11. BIRTHPLACE (State or foreign country) Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles Melvin Seuell	13b. MOTHER'S MAIDEN NAME Margaret Wade	14. NAME OF HUSBAND OR WIFE Edith Seuell
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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) No	16. SOCIAL SECURITY NO. 489-30-3436	17. INFORMANT'S SIGNATURE OR NAME Edith Seuell	ADDRESS Leeton, Missouri
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days  Unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus</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 260X	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)
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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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-21, 1952, to 2-22, 1952, that I last saw the deceased alive on 2-22, 1952, and that death occurred at 11:30 PM, from the causes and on the date stated above.

23a. SIGNATURE R. Lee Cooper MO	(Degree or title)	23b. ADDRESS Warrensburg	23c. DATE SIGNED 2/25/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-25-52	24c. NAME OF CEMETERY OR CREMATORY Mineral Creek Cemetery	24d. LOCATION (City, town, or county) (State) Leeton, Missouri
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DATE REC'D BY LOCAL REG. Feb. 25, 1952	REGISTRAR'S SIGNATURE Savannah Hutchins	197-0	25. FUNERAL DIRECTOR'S SIGNATURE R.A. Bauman	ADDRESS Warrensburg, Mo.
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RECEIVED  
MAR 4 1952  
JOHNSON COUNTY HEALTH

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 ~~me~~

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *PA Branninger*

Licensed Embalmer No. *3377*

P. O. Address *Warrensburg, Mo*

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.