

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9441

State File No.

FILED APR 1 1952

BIRTH NO. _____		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>6964</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R7D Pettis</u>		c. LENGTH OF STAY (in this place) <u>5 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pettis R7D. 2 - 1830</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.S. School house.</u>				d. STREET ADDRESS (If rural, give location) <u>Parkville, Mo 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wanda</u> b. (Middle) <u>May</u> c. (Last) <u>Seaton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 26-1952</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>May-7-1942</u>		9. AGE (In years last birthday) <u>9</u>	IF UNDER 1 YEAR <u>10</u> Days	IF UNDER 24 HRS. <u>9</u> Hours
10a. USUAL OCCUPATION (Give kind of work beginning month of working life, even if retired) <u>Grade School.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Student</u>		11. BIRTHPLACE (State or foreign country) <u>Branch, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Elbert J. Seaton</u>			13b. MOTHER'S MAIDEN NAME <u>Edith May Tucker</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elbert J. Seaton</u> ADDRESS <u>Parkville, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Paraly a Cerebral vascular</u>	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>anerysym.</u> DUE TO (c) _____						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>3452X</u>				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) 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John W. Seaton</u> (Type or Print)				23b. ADDRESS <u>3 Platte City Mo</u>		23c. DATE SIGNED <u>Mar. 26-52</u>	
24a. BURIAL, CREMATION, OR REMOVAL OF BODY		24b. DATE <u>Mar. 29-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell Cemetery, Tennes, Mo</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>Mar. 28-52</u>		REGISTRAR'S SIGNATURE <u>Alpha Rollins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blankson & Woodley</u>		ADDRESS <u>Camdenton, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0830

1952-14
1942-5-26
9-10-9

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 Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville, 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.