S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13117

FILED MAY 3 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1816

1. PLACE OF DEATH
a. COUNTY: JACKSOM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 12 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1310 ASKEW STREET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 1310 ASKEW STREET 324 6

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): H.
c. (Last): Seever

4. DATE OF DEATH (Month) (Day) (Year): APRIL 20, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: NOV. 1, 1865
9. AGE (In years last birthday): 86 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: TOPEKA GAS CO.
11. BIRTHPLACE (City and State or Foreign Country): KANSAS
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: JAMES H. SEEVER SR.
13b. MOTHER'S MAIDEN NAME: MARTHA PATTON
14. NAME OF HUSBAND OR WIFE: MRS DRUCILA O. SEEVER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO | (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. DRUCILA O. SEEVER
ADDRESS: KCMO

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 42 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Uremia

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 ☐ 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) m.
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* Nov., 1951, *to* April 14, 1952, *that I last saw the deceased alive on* april 14, 1952, *and that death occurred at* 6:25 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert R. Tonkens (Degree or title): Robert R. Tonkens D.O.
23b. ADDRESS: 5910 Prospect K.C. Mo.
23c. DATE SIGNED: 4/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 4/20/1952
24c. NAME OF CEMETERY OR CREMATORY: Nortonville cemetery
24d. LOCATION (City, town, or county) (State): NORTONVILLE, KANSAS

DATE REC'D BY LOCAL REG.: 4-21-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: GATES FUNERAL HOME
ADDRESS: KANSAS CITY, KANSAS

(Licensed Embalmer's Statement on Reverse Side)

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 Jimmy S. Hubbard

Licensed Embalmer No. 4092

P. O. Address Missoula, Mon

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.