

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44204**

No. 30
10.48

FILED DEC 17 1952
BIRTH NO.

REG. DIST. NO. **323** PRIMARY REG. DIST. NO. **4476** Registrar's No. **42**

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

1. PLACE OF DEATH a. COUNTY Schuyler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Schuyler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Downing		c. LENGTH OF STAY (In this place) 10 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Downing 0980	
		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED a. (First) Nellie b. (Middle) Mary c. (Last) Seamster			4. DATE OF DEATH (Month) (Day) (Year) Dec 5, 1952
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH Sept 10, 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) (last birthday) 82 if UNDER 1 YEAR Months 2 Days 25 if UNDER 6 Wks. Hours Min.
11. BIRTHPLACE (State or foreign country) Schuyler, Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Preston Hathaway		13b. MOTHER'S MAIDEN NAME not known	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT'S SIGNATURE OR NAME Glen Seamster, Downing, Mo. ADDRESS	
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) Primary thrombosis INTERVAL BETWEEN ONSET AND DEATH None ANTECEDENT CAUSES Morbidity 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.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) 4201	
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?	
22. I hereby certify that I attended the deceased from 1-4 , 19 52 , to 12-5 , 19 52 , that I last saw the deceased alive on 12-5-52 , 19 52 , and that death occurred at 10:45 A.M. from the causes and on the date stated above.			
23a. SIGNATURE J. Harrison D. (Degree or title)		23b. ADDRESS Lancaster Mo	
23c. DATE SIGNED 12-9-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 8, 1952	24c. NAME OF CEMETERY OR CREMATORY Downing	24d. LOCATION (City, town, or county) (State) Downing Mo.
DATE REC'D BY LOCAL REG. Dec 8 52	REGISTRAR'S SIGNATURE 355	FUNERAL DIRECTOR'S SIGNATURE W.S. Moore ADDRESS Downing, Mo.	

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Neal Payne

Signed.....
Student Embalmer

Licensed Embalmer No. 2550

P. O. Address Memphis 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.