

STANDARD CERTIFICATE OF DEATH

9313

State File No.

No. 300
10.48

FILED MAR 20 1953

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 36

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo</u> COUNTY <u>Dunklin</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett 0352</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>205 Madison St</u> | | d. STREET ADDRESS (If rural, give location) <u>205 Madison St</u> | |

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|---|--------------------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) _____ c. (Last) <u>Seymore</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 15-1953</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Dec 12-1893</u> | | 9. AGE (In years last birthday) <u>59</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Braggadoue Mo. U.S.A.</u> | | 12. CITIZEN OF WHAT COUNTRY? |

| | | | | | |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Frank McFarland</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Jim Seymore</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Jim Seymore</u> ADDRESS <u>205 Madison Kennett 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* (a) <u>Coronary Occlusion</u> | | II. OTHER SIGNIFICANT CONDITIONS: <u>None</u> | | | <u>5 hrs</u> |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | |
| | | DUE TO (b) _____ | | | |
| | | DUE TO (c) _____ | | | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|--|--|---|--|--|--|--|
| 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) | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 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 10, to 19, that I last saw the deceased alive on 19, and that death occurred at 10:15 PM m., from the causes and on the date stated above.

| | | | | | |
|--|--|--|--|---|--|
| 23a. SIGNATURE <u>Leonty James</u> (Degree or title) <u>Coroner</u> | | 23b. ADDRESS <u>Kennett Mo</u> | | 23c. DATE SIGNED <u>3-17-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3-17-1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>White Cemetery</u> | |
| 24d. LOCATION (City, town, or county) <u>Mo</u> | | 24e. STATE <u>Mo</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Leonty James</u> ADDRESS <u>Kennett Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>3-17-1953</u> | | REGISTRAR'S SIGNATURE <u>Paul Husband</u> | | 25. FINANCIAL DIRECTOR'S SIGNATURE <u>Leonty James</u> ADDRESS <u>Kennett Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT
COUNTY FILE NUMBER

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 3-18-53
COUNTY FILE NUMBER 353-27

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 Edyard Lee Ford

Licensed Embalmer No. 4433

P. O. Address Kennett 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.