

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13520**

FILED MAY 11 1953 BIRTH NO. REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **137**

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		0164	
d. FULL NAME OF HOSPITAL OR INSTITUTION 18 S. Ellis St.		d. STREET ADDRESS (If rural, give location) 18 S. Ellis St.	
3. NAME OF DECEASED a. (First) Robert		b. (Middle) Emerson	
c. (Last) Seamans		4. DATE OF DEATH (Month) (Day) (Year) May 6, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 10, 1912
9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer	10b. KIND OF BUSINESS OR INDUSTRY construction	11. BIRTHPLACE (City and State or Foreign Country) Nelson, Pa.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Guy Seamans	
13b. MOTHER'S MAIDEN NAME Leila Baker		14. NAME OF HUSBAND OR WIFE Helen Wilson Seamans	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 198-10-7128	17. INFORMANT'S SIGNATURE OR NAME Helen Seamans ADDRESS Cape Girardeau, Mo.	
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.			INTERVAL BETWEEN ONSET AND DEATH 30 minutes
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Cause			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart Ailment			
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) 4343	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:45a. m. , from the causes and on the date stated above.			
23a. SIGNATURE C. C. Summers (Degree or title) Registrar		23b. ADDRESS Cape Girardeau, Mo.	23c. DATE SIGNED 5-6-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/8/53	24c. NAME OF CEMETERY OR CREMATOR Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.
DATE REC'D BY LOCAL REG. 5-6-53	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE C. J. Long ADDRESS Cape Girardeau, Mo.	

MAY 20 1954

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

C. J. Loring

Licensed Embalmer No. 3810

P. O. Address *Cape Girardeau, 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.