

FILED MAY 25 1953

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17603

State File No.

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 98

0362
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1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) Washington		c. CITY (If outside corporate limits, write RURAL and give township) Union	
c. LENGTH OF STAY (in this place) 45 min		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Herman		b. (Middle) Edward		c. (Last) Seamon		4. DATE OF DEATH (Month) (Day) (Year) May 14, 1953	
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH May 10, 1896		9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months 0 Days 4 IF UNDER 24 HRS. Hours 4 Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Cutter		10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory		11. BIRTHPLACE (State or foreign country) Union, Missouri		12. CITIZENSHIP OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Henry Seamon		13b. MOTHER'S MAIDEN NAME Anna Eaman		14. NAME OF HUSBAND OR WIFE None	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) World War I 492-09-9438		17. INFORMANT'S SIGNATURE OR NAME Ervin Seamon		ADDRESS Union	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Posterior Coronary Occlusion Anterior Coronary Occlusion Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 10 min 5 hr 2 yr	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) Arteriosclerosis			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS* <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		Anemia		2 yrs	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 14 May 1953, to 14 May 1953, that I last saw the deceased alive on 14 May 1953, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE W. R. Richardson, M.D.		(Degree or title)		23b. ADDRESS Union, Mo.		23c. DATE SIGNED 15 May 53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-16-1953		24c. NAME OF CEMETERY OR CREMATORY Union Cemetery		24d. LOCATION (City, town, or county) (State) Union, Missouri	
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DATE REC'D BY LOCAL REG. May 16, 1953		REGISTRAR'S SIGNATURE J. E. Hedrick		FUNERAL DIRECTOR'S SIGNATURE Union Funeral Home, Union		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 2 1954
AUG 19 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 Harlan H. Johawater

Licensed Embalmer No. 4488

P. O. Address Union, 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.