

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22581

State File No. 53

No. 300  
10-48

FILED JUN 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. \_\_\_\_\_

0851

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Ray</b>  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b> |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Richmond</b> |  | c. LENGTH OF STAY (in this place)<br><b>50 years</b> | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Richmond</b>                                     |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>206 N. Whitmer</b>                                   |  |  | d. STREET ADDRESS (If rural, give location)<br><b>206 N. Whitmer</b>   |  |  |

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Joseph</b> b. (Middle) <b>Noel</b> c. (Last) <b>Seek</b> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>June 13, 1953</b> |  |  |
|--|--|--|---|--|--|

|                       |                                  |  |   |  |  |  |   |
|-----------------------|----------------------------------|--|---|--|--|--|---|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>May 12, 1899</b> |  | 9. AGE (In years last birthday)<br><b>54</b> | IF UNDER 1 YEAR<br>Months <b>1</b> Days <b>0</b> | IF UNDER 4 HRS.<br>Hours <b>0</b> Min. <b>0</b> |
|-----------------------|----------------------------------|--|---|--|--|--|---|

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Restaurant operator</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>restaurant</b> | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Ray County, Missouri</b> |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |
|---|--|--|---|--|--|

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME<br><b>Charles H. Seek</b> |  | 13b. MOTHER'S MAIDEN NAME<br><b>Josephine Kstrom</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Alice Seek</b> |  |
|--|--|--|--|--|--|

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>495-01-4723</b> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Alice Seek, Richmond, Mo.</b> |  |  |  |
|--|---|--|--|--|--|

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Terminal bronchopneumonia</b>  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>24 hrs.</b> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving DUE TO (b) <b>Generalized Carcinomatosis</b><br>rise to the above cause (a) stating the underlying cause last.<br>DUE TO (c) <b>Bronchogenic Carcinoma</b> |  |  |  | <b>4 mo.</b>                                       |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |  | <b>1 yr.</b>                                       |

|                        |   |  |  |   |  |
|------------------------|---|--|--|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><b>162x</b> |  |  | 20. AUTOPSY?<br>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 checked="" type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?                      |  |

22. I hereby certify that I attended the deceased from **7 Jan. 29, 1952**, to **June 12, 1953**, that I last saw the deceased alive on **June 12, 1953**, and that death occurred at **9:00 P.M.** from the causes and on the date stated above.

|  |  |                   |                                      |  |                                    |
|--|--|-------------------|--------------------------------------|--|------------------------------------|
| 23a. SIGNATURE<br><b>M. D. Johnson</b> |  | (Degree or title) | 23b. ADDRESS<br><b>Richmond, Mo.</b> |  | 23c. DATE SIGNED<br><b>6/16/53</b> |
|--|--|-------------------|--------------------------------------|--|------------------------------------|

|  |                                   |  |  |  |  |
|--|-----------------------------------|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>June 14, 1953</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Sunny Slope</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Richmond, Missouri</b> |  |  |
|--|-----------------------------------|--|--|--|--|

|   |   |  |  |  |                                      |
|---|---|--|--|--|--------------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>June 16 - 1953</b> | REGISTRAR'S SIGNATURE<br><b>M. D. Johnson</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Quest-Lite Funeral Home</b> |  | ADDRESS<br><b>Richmond, Missouri</b> |
|---|---|--|--|--|--------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

Free 16

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 *George H. Hile*  
.....

Licensed Embalmer No. 4066

P. O. Address *Portland, Me*

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.