

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **5054**
Registrar's No. **625**

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY JACKSON	b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	a. STATE MISSOURI	b. COUNTY JACKSON
c. LENGTH OF STAY (to this place) 35 YEARS	c. CITY OR TOWN KANSAS CITY	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL		e. STREET ADDRESS (If rural, give location) 8602 FOREST AVENUE 381 1/2	

3. NAME OF DECEASED (Type or Print)	a. (First) WALTER	b. (Middle) LEE	c. (Last) SEATS	4. DATE OF DEATH (Month) (Day) (Year) FEB. 4, 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 14, 1886	9. AGE (In years last birthday) 67	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER-OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY BARBER SHOP 1103 EAST 57th ST.	11. BIRTHPLACE (City and State or Foreign Country) MORRESTON ARKANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME UNKNOWN SEATS	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE AGNES C. SEATS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 486-36-7892	17. INFORMANT'S SIGNATURE OR NAME MRS. AGNES C. SEATS	ADDRESS 8602 FOREST AVENUE KANSAS CITY, MISSOURI
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute and chronic myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 4201
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) coronary thrombosis		
	II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive myocarditis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) (m.)	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 **L. B. G. T. S. 19**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:58 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Russell W. Kerr (Degree or title) Physician for M.D.	23b. ADDRESS St. Joseph Hosp. 1001	23c. DATE SIGNED 2-6-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 8, 1954	24c. NAME OF CEMETERY OR CREMATORIUM FOREST HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 2-8-54	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE H. J. Neumann's Sons	ADDRESS 1311 BAYVIEW BLVD. KANSAS CITY, MISSOURI
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Clare V. Can*.....

Licensed Embalmer No. *493*

P. O. Address *K. A. 10. W.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.