

FILED MAY 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15471

BIRTH NO. _____		REG. DIST. NO. <u>113</u>		PRIMARY REG. DIST. NO. <u>5430</u> Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-Central</u> )		c. LENGTH OF STAY (in this place) <u>15 yrs</u>	c. CITY OR TOWN <u>St. Clair</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			STREET ADDRESS (If rural, give location) <u>2 miles NE, on Mill Hill Rd</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>R</u>	c. (Last) <u>Seay</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 16 54</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 29, 1862</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 24 HRS. Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Mine</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Not Known</u>	13b. MOTHER'S MAIDEN NAME <u>Not Known</u>	14. NAME OF HUSBAND OR WIFE <u>Martha Seay</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Martha Seay</u> ADDRESS <u>St. Clair Mo</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 hr</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>			II. OTHER SIGNIFICANT CONDITIONS		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <u>Generalized Arteriosclerosis</u>		
			DUE TO (c) <u>1</u>		
DUE TO (c) <u>1</u>			DUE TO (c) <u>1</u>		
II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death. <u>URANIA - mild</u>		
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) _____ m. _____		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 <u>5-14</u> , 19 <u>54</u> , to <u>5-16</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-15</u> , 19 <u>54</u> , and that death occurred at <u>11:30 PM.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>William Seay</u> (Degree or title) _____			23b. ADDRESS <u>St. Clair Mo</u>		23c. DATE SIGNED <u>5-17-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-18-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DOOF Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Clair, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-18-54</u>		REGISTRAR'S SIGNATURE <u>W. H. King</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Casey &amp; Lenox</u> ADDRESS <u>St. Clair, Mo.</u>		

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 *K. M. Leno*.....

Licensed Embalmer No. *360*.....

P. O. Address *St. Clair*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. ..  
If this body is not embalmed, fact should be so stated above.