

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Wn Jc 16555 To
State File No.

FILED JUN 1 1954

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 392

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u> <u>2582</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>512 E. Road</u>	

3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) JOHN c. (Last) SEELMAN

4. DATE OF DEATH (Month) (Day) (Year) May-25-1954

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 8. DATE OF BIRTH Aug-6-1876 9. AGE (In years last birthday) 77 9 19 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during last 12 months of working life, even if retired) Ret R.R. Engineer 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Lafayette Ind 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME John P. Seelman 13b. MOTHER'S MAIDEN NAME Bathern 14. NAME OF HUSBAND OR WIFE Mary T. Seelman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 707-09-0490 17. INFORMANT'S SIGNATURE OR NAME Mildred Seelman ADDRESS Brookfield 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Failure (Decompensation) (b) Congestive Heart Failure (c) Arteriosclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
17 min.
7 mos.
Marked 11 years.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from June 1st, 1952, to May 25, 1954, that I last saw the deceased alive on May 25, 1954, and that death occurred at 9:53 A., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) John W. White D.O. 23b. ADDRESS 108 N. Main Brookfield, Mo 23c. DATE SIGNED 5/26/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 5/28-54 24c. NAME OF CEMETERY OR CREMATORY St Michael Bern Brookfield 24d. LOCATION (City, town, or county) (State) Mo

DATE REC'D BY LOCAL REG. 5-28-54 REGISTRAR'S SIGNATURE Nadine Hamblin 167 as FUNERAL DIRECTOR'S SIGNATURE W. Blacklock ADDRESS Brookfield Mo

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

05-87
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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 *J. H. Blacklock*

Licensed Embalmer No. *2246*

P. O. Address *Brookfield 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.