

FILED MAY 25 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17716

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 51			
1. PLACE OF DEATH a. COUNTY <u>Vermer</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Clair</u>					
b. CITY OR TOWN <u>Washington</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Osceola</u>		d. Is Residence within limits of a city or incorporated town? <u>Yes</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp No 3 Nevada</u>				e. STREET ADDRESS (If rural, give location) <u>unknown 0931</u>					
3. NAME OF DECEASED (Type or Print) <u>George</u>		a. (First)		b. (Middle) <u>Seely</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 16 - 54</u>			
5. SEX <u>MO</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 27-1898</u>	9. AGE (In years last birthday) <u>55</u>	if UNDER 1 YEAR Months <u>16</u>	if UNDER 1 YEAR Days <u>19</u>	if UNDER 1 Hrs. Hours <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Wm W. Seely</u>		13b. MOTHER'S MAIDEN NAME <u>Phoebe unknown</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hosp record - State Hosp 3</u>		ADDRESS <u>Nevada</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION					
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary lesion (Thrombosis).</u>		INTERVAL BETWEEN ONSET AND DEATH <u>One hour</u>			
				ANTECEDENT CAUSES		DUE TO (b) <u>Generalized arteriosclerosis.</u>		in Hosp 3 <u>4p 10mo 8 days</u>	
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>with psychosis.</u>		in Hosp 3 <u>4p 10mo 8 days</u>	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>none</u>		21f. HOW DID INJURY OCCUR? <u>none</u>					
22. I hereby certify that I attended the deceased from <u>Oct 26</u> , 19 <u>53</u> , to <u>May 16</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>May 15</u> , 19 <u>54</u> , and that death occurred at <u>7:30 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Paul L. Baron</u> M.D. (Degree or title)				23b. ADDRESS <u>State Hosp 3 Nevada Mo</u>		23c. DATE SIGNED <u>May 16/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-18-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Osceola</u>		24d. LOCATION (City, town, or county) (State) <u>Osceola Mo</u>			
DATE REC'D BY LOCAL REG. <u>5-17-1954</u>		REGISTRAR'S SIGNATURE <u>Ramon E. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. B. Hoodrich</u>		ADDRESS <u>Osceola Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 306

10. 48

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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.....  
Signature of Student Embalmer

Signed *Ray Miller*.....

Licensed Embalmer No. *449*

P. O. Address *Oscar*

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.