

40652

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 27 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1157

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY <b>Greene</b> |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Springfield</b>  |   | c. LENGTH OF STAY (in this place)  | c. CITY OR TOWN <b>Springfield</b>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ozark Osteopathic Hospital</b>   |   |  | e. STREET ADDRESS (If rural, give location) <b>RFD#8 W. Sunshine St. 0399</b>   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |   | a. (First) <b>ALBERT</b>   | b. (Middle) <b>ANTON</b>  | c. (Last) <b>SEAMON</b>                                | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>DEC. 22, 1954</b>  |
| 5. SEX <b>Male</b>  | 6. COLOR (OR RACE) <b>White</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>    | 8. DATE OF BIRTH <b>8 March 1881</b>  | 9. AGE (In years last birthday) <b>73</b>              | IF UNDER 1 YEAR Months Days  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Frisco Railroad</b>  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Linn, Missouri</b> |   | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>                |  |
| 13a. FATHER'S NAME <b>Anton Seamon</b>  |   | 13b. MOTHER'S MAIDEN NAME <b>Jenny Tiller</b>                            |   | 14. NAME OF HUSBAND OR WIFE <b>Gertrude Seamon</b>     |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>   | 16. SOCIAL SECURITY NO. (If yes, give exact date of service) <b>NO</b>  | 17. INFORMANT'S SIGNATURE OR NAME <b>Unknown</b>                         | ADDRESS <b>Hospital Records</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, asthenia, etc. It means the disease, injury, or complication which caused death.                         | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*<br><b>Medication and Debilitation</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Carcinomatosis</b><br>DUE TO (c) <b>Primary Carcinoma of the Stomach</b> |  |   |  | INTERVAL BETWEEN ONSET AND DEATH   |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION  |  |   |  | 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) (Min.) |  |
| 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 <b>MAY 1951</b> , to <b>Dec 22, 1954</b> , that I last saw the deceased alive on <b>Dec 22, 1954</b> , and that death occurred at <b>1:10A</b> m., from the causes and on the date stated above. |   |  |   |  |  |
| 23a. SIGNATURE <b>D. J. Youell</b>  |   | (Degree or title) <b>D. O. J.</b>  | 23b. ADDRESS <b>234 1/2 E. Commercial Springfield, Missouri</b>   |  | 23c. DATE SIGNED <b>12/22/54</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>   | 24b. DATE <b>12-24-54</b>   | 24c. NAME OF CEMETERY OR CREMATORY <b>Maple Park</b>                     | 24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>  |  |  |
| DATE REC'D BY LOCAL REG. <b>12-22-54</b>  | REGISTRAR'S SIGNATURE <b>William Williamson</b>   | 25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Klingner &amp; Co.</b>            |   | ADDRESS <b>Springfield, Mo.</b>                        |  |

(Licensed Embalmer's Statement on Reverse Side) **OK**

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

No. 300  
10-48

JAN 23 1959

RECEIVED

SIGNATURE

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.....

Licensed Embalmer No. 40

P. O. Address.....

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.

x