

FILED JAN 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43200

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 4043 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution of residence before death, give name and address of institution.) a. STATE <u>Mo.</u> b. COUNTY <u>WEBSTER</u>	
b. CITY OR TOWN <u>Seymour</u>		c. CITY OR TOWN <u>SEYMOOR</u>	
c. LENGTH OF STAY (in this place)		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) <u>Mo 1120</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALFRED</u> b. (Middle) <u>PYATT</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>12-25-1954</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>12-24-1900</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OR WHAT COUNTRY? <u>USA</u>
<u>AUTO AGENCY</u>		<u>AUTO AGENCY</u>		<u>WRIGHT Co. Mo</u>		

13a. FATHER'S NAME <u>THOMAS B.</u>	13b. MOTHER'S MAIDEN NAME <u>BELL MINGUS</u>	14. NAME OF HUSBAND OR WIFE <u>FLORENCE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FLORENCE PYATT SEYMOOR Mo</u>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. DUE TO (b) <u>Basilar Paralysis of the left side</u> DUE TO (c) <u>ruptured aortic aneurysm</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Kept young</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 12-23, 1954, to 12-25, 1954, that I last saw the deceased alive on 12-25, 1954, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. J. Beens</u>	23b. ADDRESS <u>Mo. Seymour</u>	23c. DATE SIGNED <u>12-27-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>12-28-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SEYMOOR</u>	24d. LOCATION (City, town, or county) (State) <u>Webster Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-4-1955</u>	REGISTRAR'S SIGNATURE <u>Gilbert Jones</u>	343-0	FUNERAL DIRECTOR'S SIGNATURE <u>Robert Beyman</u>	ADDRESS <u>Seymour Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

120

DEC 15 1954

AUG 31 1955

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. 470

P. O. Address Fardland

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.