

FILED JAN 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1706

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4309 Registrar's No. 8

1. PLACE OF DEATH  
a. COUNTY McDonald  
b. CITY (If outside corporate limits, write RURAL and give town) SOUTHWEST CITY  
c. LENGTH OF STAY (in this place) 9 YRS  
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY McDonald  
c. CITY OR TOWN SOUTHWEST CITY  
d. Is Residence within limits of a city or incorporated town? Yes 8 No 0  
e. STREET ADDRESS (If rural, give location) 06000

3. NAME OF DECEASED (Type or Print)  
a. (First) GEORGE b. (Middle) FRANKLIN c. (Last) SEAMAN  
4. DATE OF DEATH (Month) (Day) (Year) 1-3-1955

5. SEX MO 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M 8. DATE OF BIRTH 3-29-1883 9. AGE (In years last birthday) 71 9 4 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) MAIL CARRIER 10b. KIND OF BUSINESS OR INDUSTRY RETIRED 11. BIRTHPLACE (City and State or Foreign Country) MT. VERNON Mo 12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME CAHVIN SEAMAN 13b. MOTHER'S MXTDEN NAME HANNAH RICHMOND 14. NAME OF HUSBAND OR WIFE MILDRED SEAMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) ✓ 16. SOCIAL SECURITY NO. 572-22-1034 17. INFORMANT'S SIGNATURE OR NAME MILDRED SEAMAN ADDRESS SOUTHWEST CITY Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Uremic Coma  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) Prostatism with Acute Obstruction  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Cystitis, pyelonephritis  
II. OTHER SIGNIFICANT CONDITIONS senility  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 605x 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 Sept. 1, 1954, to 1-3, 1955, that I last saw the deceased alive on 1-3, 1955 and that death occurred at 11:05P m., from the causes and on the date stated above.

23a. SIGNATURE R. E. Warrack M.D. (Degree or title) 23b. ADDRESS Southwest City, Missouri 23c. DATE SIGNED 1-11-55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 1-7-55 24c. NAME OF CEMETERY OR CREMATORY I. O. D. F. C. E. M. 24d. LOCATION (City, town, or county) (State) MT. VERNON Mo.

DATE REC'D BY LOCAL REG. 1-11-55 REGISTRAR'S SIGNATURE Mayne Humphrey 423 25. FUNERAL DIRECTOR'S SIGNATURE R. M. Humphrey ADDRESS Canville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 20 1953

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.....  
*R. M. Humphrey Jr.*

Licensed Embalmer No. 470

P. O. Address Noel T

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.