

FILED MAR 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7920**

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **5479** Registrar's No. **37**

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Taylor Twp)	c. LENGTH OF STAY (in this place) minute	c. CITY OR TOWN Princeton	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 State Highway 146		STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Junior Lee	b. (Middle) Seeley	c. (Last)	3-18-55		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9-12-34	9. AGE (in years last birthday) 20	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. Army Service		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Princeton, Mo		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Orville Ray Seeley	13b. MOTHER'S MAIDEN NAME Martha Katherine Durham	14. NAME OF HUSBAND OR WIFE
--	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Korea n War	16. SOCIAL SECURITY NO. Ral75351587	17. INFORMANT'S SIGNATURE OR NAME Mrs James Jobe	ADDRESS Princeton 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Crushed head		INTERVAL BETWEEN ONSET AND DEATH instantly
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) broken right arm and hand		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Taylor Twp, Grundy, Missouri
--	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar. 18, 55 6:10pm	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile Accident 040
---	---	---

22. I hereby certify that I attended the deceased from **Mar. 18, 19 55** to **xxxxxxx**, that I last saw the deceased alive on **xxxxxxx**, and that death occurred at **6:10pm.**, from the causes and on the date stated above.

23a. SIGNATURE Ronald S. Slater (Degree or title) County Coroner 3	23b. ADDRESS Trenton, Mo.	23c. DATE SIGNED 3-22-55
--	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3-20-55	24c. NAME OF CEMETERY OR CREMATORY Princeton	24d. LOCATION (City, town, or county) (State) P rinceton, Mo
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. 3-22-55	REGISTRAR'S SIGNATURE Jane Zair 115	25. FUNERAL DIRECTOR'S SIGNATURE Noel Moss	ADDRESS Princeton, Mo
---	--	---	------------------------------

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

MAY 9 1958

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 *Paul Smith*

Licensed Embalmer No. *263*

P. O. Address *Camden*

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.