

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

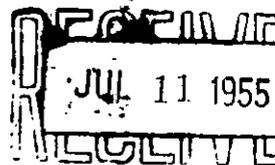
 a w r m g n o n d
 State File No. 22696

FILED JUL 18 1955

BIRTH NO. _____		REG. DIST. NO. <u>167</u>		PRIMARY REG. DIST. NO. <u>4256</u>		Registrar's No. <u>25</u>			
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Holden</u>		c. LENGTH OF STAY (In this place) <u>5 HR</u>		c. CITY OR TOWN <u>Strasburg</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Holden Hospital & Clinic</u>				e. STREET ADDRESS (If rural, give location) <u>Strasburg, Mo 01901</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MYRTLE ELIZABETH SEATON</u> b. (Middle) _____ c. (Last) _____				4. DATE OF DEATH (Month) (Day) (Year) <u>July 5 1955</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Feb 1 1881</u>			
9. AGE (In years last birthday) <u>74</u>		10. UNDER 1 YEAR Days <u>5</u>		11. UNDER 1 YEAR Hours <u>4</u>		12. UNDER 1 YEAR Min. _____			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>California Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Barney Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Mila Williams</u>		14. NAME OF HUSBAND OR WIFE <u>John W Seaton</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mila Bluhm Holden 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 Apoplexy</u>				ANTECEDENT CAUSES					
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Essential hypertension</u>					
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>334X</u>					
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 <u>July 1, 1955</u> , to <u>July 5, 1955</u> , that I last saw the deceased alive on <u>July 5, 1955</u> , and that death occurred at <u>3:17 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>G.W. Snowland</u>				23b. ADDRESS <u>Holden Mo</u>		23c. DATE SIGNED <u>7-7-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-7-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill Mo</u>			
DATE REC'D BY LOCAL REG. <u>7-8-1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. H.V. Redford</u>		150 25. FUNERAL DIRECTOR'S SIGNATURE <u>Canaday & Kopp</u>		ADDRESS <u>Holden Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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



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..... M. J. Canaday

Licensed Embalmer No. 34

P. O. Address..... Eldon

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.