

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28845

State File No. ....

FILED OCT 5 - 1955

BIRTH NO. 54696-55 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 286

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kirkville</u>		c. CITY OR TOWN <u>Atlanta</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		STREET ADDRESS (If rural, give location) <u>Atlanta, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital and Clinic</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u>	b. (Middle) <u>Boy</u>	c. (Last) <u>Seward</u>	4. DATE OF DEATH (Month) <u>9</u> (Day) <u>28</u> (Year) <u>55</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>9-28-55</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>1</u> IF UNDER 24 HRS. Days <u>1</u> Hours <u></u> Min. <u></u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Kirkville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Henry Seward</u>	13b. MOTHER'S MAIDEN NAME <u>Lucille Ford</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Henry Seward</u> ADDRESS <u>ATLANTA Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6hrs. 21min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mrs Pulmonary Atelectasis</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Prematurity</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>7625</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Marginal Placenta previa</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Illness</u>	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) m.	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 9-28, 1955, to 9-28, 1955, that I last saw the deceased alive on 9-28, 1955, and that death occurred at 3:02 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Childred Tuback</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Kirkville Mo</u>	23c. DATE SIGNED <u>9-29-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-28-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gooding Funeral Home</u>	24d. LOCATION (City, town, or county) (State) <u>Atlanta Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-1-55</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Am Gooding</u> ADDRESS <u>Atlanta Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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, W. J. [unclear]....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed W. J. [unclear].....

Licensed Embalmer No. 174

P. O. Address Atlanta.....

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.