

FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34030**

BIRTH NO. _____		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. <u>2753</u>		Registrar's No. <u>40</u>		
1. PLACE OF DEATH a. COUNTY <u>Maries</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Meta</u>)		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY OR TOWN <u>Meta</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Boone twp</u>				e. STREET ADDRESS (If rural, give location) <u>Ryral Boone twp 0630</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Francis</u> c. (Last) <u>Seaton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 6, 1955</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 8, 1874</u>		9. AGE (In years last birthday) <u>81</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, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Meta Mo.</u>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <u>Marion Barnhart</u>			13b. MOTHER'S MAIDEN NAME <u>Clementine Stokes</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. Roger Seaton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lawrence Seaton</u> ADDRESS <u>Meta, Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Rectum</u>	ANTECEDENT CAUSES							
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.							
	DUE TO (b) _____							
	DUE TO (c) _____						<u>154X</u>	
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 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 <u>Oct 10</u> <u>1955</u> to <u>Oct 6</u> , 1955, that I last saw the deceased alive on <u>Oct 6</u> , 1955, and that death occurred at <u>8:20 p.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>W.M.A. Gould</u> (Degree or title) <u>DO.</u>				23b. ADDRESS <u>Meta Mo.</u>		23c. DATE SIGNED <u>10/7/55</u>		
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/8/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Southside</u>		24d. LOCATION (City, town, or county) (State) <u>Meta, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-10-55</u>		REGISTRAR'S SIGNATURE <u>Pauline Howard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Wedges</u> ADDRESS <u>Wedges Funeral Homes Inc Iberia, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4

P. O. Address.....
Meris, W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING 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.