

FILED NOV 14 1955

STANDARD CERTIFICATE OF DEATH

34207

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 258 PRIMARY REG. DIST. NO. 5882 Registrar's No. 7

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

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Sarah</u>	b. (Middle) <u>Jane</u>	c. (Last) <u>Seaton</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>11</u> <u>8</u> <u>1955</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2/7/1882</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Van Cleve, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Issac Burnham</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Barnhart</u>	14. NAME OF HUSBAND OR WIFE <u>Herman Seaton</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u> (If yes, give war or dates of service) <u>X</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Herman Seaton, Meta, Missouri</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>  <u>years</u>  <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>331X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis</u>			
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-20, 1955, to 11-8, 1955, that I last saw the deceased alive on 11-8, 1955, and that death occurred at 12:15A-m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Herman A. Taylor M.D.</u>	23b. ADDRESS <u>Jefferson City Mo</u>	23c. DATE SIGNED <u>11-10-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/10/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Meta South Side Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Meta, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-11-55</u>	REGISTRAR'S SIGNATURE <u>Rose Rowan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred H. Gilbert</u>	ADDRESS <u>Dixon, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0760

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 November 8<sup>th</sup> 1955, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Fred C. Gilbert

Licensed Embalmer No. 234

P. O. Address. Dixon, Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitute's 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.