

FILED NOV 17 1955

## STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 342

1. PLACE OF DEATH a. COUNTY <u>Marion.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal, Missouri.</u>			c. LENGTH OF STAY (in this place) <u>2 Weeks</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia, Missouri.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Elizabeth Hospital.</u>				d. STREET ADDRESS (If rural, give location) <u>0840</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u>		b. (Middle) <u>Matilda</u>		c. (Last) <u>Seely.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 10, 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 7, 1882</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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 <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Shamrock, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Robinson</u>			13b. MOTHER'S MAIDEN NAME <u>Palina Organ.</u>		14. NAME OF HUSBAND OR WIFE <u>Jesse Seely</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Woodrow Wells, Vandalia, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis Stomach</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>and</u> DUE TO (c) <u></u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151X</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no</u>				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) (Min.)		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>10-25, 1955</u> , to <u>11-11, 1955</u> , that I last saw the deceased alive on <u>11-10, 1955</u> and that death occurred at <u>4:00AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. Fisher, M.D.</u>				23b. ADDRESS <u>Hannibal, Missouri.</u>		23c. DATE SIGNED <u>11-12-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-12-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ralls Co, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 14 1955</u>		REGISTRAR'S SIGNATURE <u>W. H. Fisher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Wilkey</u>		ADDRESS <u>Perry, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
MARION CO. HEALTH DEPT.  
DATE FILED

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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, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Clyde C. Wilkey*

Licensed Embalmer No. 3820

P. O. Address Perry, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.