

FILED NOV 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39500

BIRTH NO. _____		REG. DIST. NO. <u>370</u>		PRIMARY REG. DIST. NO. <u>6254</u>		Registrar's No. <u>44</u>	
1. PLACE OF DEATH a. COUNTY <u>WAYNE</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>COLDWATER</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XXXX</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WAYNE</u> c. CITY OR TOWN <u>COLDWATER</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>XXXXX</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWIN SEAMON</u> b. (Middle) _____ c. (Last) <u>BATTERSHELL</u>		4. DATE OF DEATH (Month) <u>NOV.</u> (Day) <u>14</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>SINGLE</u>		8. DATE OF BIRTH <u>Jan. 18, 1881</u>		9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 1 YEAR Months <u>9</u> Days <u>18</u> Hours <u>1</u> Min. _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>BUTLER CO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME _____		13b. MOTHER'S MAIDEN NAME <u>MARTHA HICKS</u>	
14. NAME OF HUSBAND OR WIFE <u>XXXX</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 <u>OPAL GRAHAM</u> ADDRESS <u>COLDWATER, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4211</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</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) <u>Cedar Creek, Wayne, MO.</u>		21f. HOW DID INJURY OCCUR? _____	
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"/>		22. I hereby certify that I attended the deceased from <u>Feb</u> , 19 <u>53</u> , to <u>Nov 15</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov 12</u> , 19 <u>55</u> , and that death occurred at <u>4 P</u> m., from the causes and on the date stated above.		23a. SIGNATURE <u>O. G. Myers, M.D.</u> (Degree or title) _____	
23b. ADDRESS <u>Coldwater, MO.</u>		23c. DATE SIGNED <u>11/16/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-16-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Ballus cem.</u>		24d. LOCATION (City, town, or county) <u>COLDWATER, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. E. Bunker</u> ADDRESS <u>GREENVILLE, MO.</u>		DATE REC'D BY LOCAL REG. <u>Nov. 23 / 55</u> REGISTRAR'S SIGNATURE <u>Wm. E. Bunker</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 22 1955
WAYNE CO. HEALTH CENTER
FILE NO. _____

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 ME, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed Martin E. Bowles

Licensed Embalmer No. 442

P. O. Address PIEDMONT, M

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