

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **944**

BIRTH NO. _____		REG. DIST. NO. <u>112</u>		PRIMARY REG. DIST. NO. <u>5428</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <b>Franklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Mo.</b> b. COUNTY <b>Franklin</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Spring Bluff Boone</b> )		c. LENGTH OF STAY (in this place) <b>25 yr</b>		c. CITY OR TOWN <b>Spring Bluff</b>		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 <b>Rural R.R. # 2 Lesslie</b>				* STREET ADDRESS (If rural, give location) <b>R.R. # 2 Lesslie</b> <span style="float: right;"><b>0360</b></span>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Benjamin</b>		b. (Middle) <b>II</b>		c. (Last) <b>Seaton</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1 - 16 1956</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, / <b>Married</b> DIVORCED (Specify)		8. DATE OF BIRTH <b>11-6-1888</b>	
9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>10</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) <b>Plaster</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Building</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Franklin County Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>John A Seaton</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Grob</b>			14. NAME OF HUSBAND OR WIFE <b>Mary Alice Fowler</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <b>499-03-4662</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Seaton R.R. # 2 Lesslie Mo</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Metastatic carcinoma</b> DUE TO (c) <b>Operation of lung 1 yr</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>5 wks</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>163x</b>				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 <u>7/16</u> , 19 <u>51</u> , to <u>1/16</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1/16</u> , 19 <u>56</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>[Signature]</b>				23b. ADDRESS <b>Sullivan, Mo</b>		23c. DATE SIGNED <b>1/17/56</b>	
24a. BURIAL CREMATION (Specify) <b>CREMATION</b>		24b. DATE <b>1-19-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Rural of Sullivan Mo</b>	
DATE REC'D BY LOCAL REG. <b>Jan 19-1956</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b> <b>503</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature] Sullivan Mo</b>			

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

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 Paul F. Krollenb.....

Licensed Embalmer No 2631.....

P. O. Address Sullivan  
Mo.

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.