

STANDARD CERTIFICATE OF DEATH

FILED OCT 8 1956

BIRTH NO. _____ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **4339** Registrar's No. **44**

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) PARIS		c. LENGTH OF STAY (In this place) 2 yrs	c. CITY OR TOWN PARIS
d. FULL NAME OF HOSPITAL OR INSTITUTION 111 E. Locust St.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) 111 E. Locust St.	

3. NAME OF DECEASED (Type or Print) WALTER BENJAMIN SEBASTIAN			4. DATE OF DEATH (Month) (Day) (Year) OCT. 2, 1956		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH APR. 21, 1882		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR: Months 3 Days 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE		11. BIRTHPLACE (City and State or Foreign Country) MONROE CO., MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A					

13a. FATHER'S NAME W.M. SEBASTIAN		13b. MOTHER'S MAIDEN NAME SARAH JANE THOMPSON		14. NAME OF HUSBAND OR WIFE NELLE J. SEBASTIAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 486-38-6777		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. W. B. SEBASTIAN, PARIS, MO.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES - Cerebral Aneurysm Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Stroke DUE TO (c) Stroke		INTERVAL BETWEEN ONSET AND DEATH 6 hrs	
		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 4201		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)		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 **Aug 1954** to **10-2, 1956**, that I last saw the deceased alive on **10-2, 1956**, and that death occurred at **1:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. M. Barnard M.D.		23b. ADDRESS PARIS, MO.		23c. DATE SIGNED 10-2-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-3-56		24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE	
		24d. LOCATION (City, town, or county) (State) PARIS, MO.			

DATE REC'D BY LOCAL REG. 10-3-56		REGISTRAR'S SIGNATURE W. M. Barnard M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Speed & Blakey, PARIS, MISSOURI	
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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

13

MAY 7 1951

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.....
Signature of Student Embalmer

Signed *E. H. Agnew*.....

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.