FILED JAN 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2169

Registration District No. 257 Primary Registration District No. 5881 Registrar's No. 85

1. PLACE OF DEATH
a. COUNTY Osage
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Jefferson Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Family home — Length of stay in Ib 27 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Osage
c. CITY OR TOWN Rural — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Albert Middle Last Sease

4. DATE OF DEATH Month Jan Day 13 Year 1957

5. SEX Male 6. COLOR OR RACE White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH May 4 1877 9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 10b. KIND OF BUSINESS OR INDUSTRY Own farm 11. BIRTHPLACE (City and state or country) Cherokee Iowa 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Sease 14. MOTHER'S MAIDEN NAME Mary Batchel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. — 17. INFORMANT Mrs Alice Sease Address Belle-Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Metastatic Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH 12 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 177X — 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/6/56 to 1/13/57 and last saw him alive on 1/12/57
Death occurred at 9:10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. H. Schowalter (Degree or title) M.D. 22b. ADDRESS Belle Mo 22c. DATE SIGNED 1/16/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1-16-57 23c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery 23d. LOCATION (City, town, or county) (State) Belle-Mo.

24. FUNERAL DIRECTOR Chester Sassman ADDRESS Sassman Funeral Service Belle-Mo 25. DATE RECD. BY LOCAL REG. Jan 18-1957 26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare Public Service

300 1-56

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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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chester Sassmann

Licensed Embalmer No. 511

P. O. Address Bland,

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