

FILED SEP 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31045**

BIRTH NO. _____		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>5179</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Camden</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Tim Creek (page)</u>)		c. LENGTH OF STAY (in this place) <u>2 yr</u>		c. CITY OR TOWN <u>Tim Creek</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0/150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 54 West</u>				e. STREET ADDRESS (If rural, give location) <u>Highway 54 West</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Silas</u> b. (Middle) <u>Edward</u> c. (Last) <u>Seaton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 15 1957</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct 16 - 1879</u>	
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hickory Co. Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>W. H. Seaton</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bassinger</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Seaton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edith Creach, Denver, Colo.</u>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerosis, Renal</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>Disease with acute renal failure</u>				2 years	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		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>Aug - 12, 1957</u> , to <u>Sept 13, 1957</u> , that I last saw the deceased alive on <u>Sept 14, 1957</u> , and that death occurred at <u>7:30 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph S. Wagland Sr</u> (Degree or title) _____				23b. ADDRESS <u>Camden, Mo</u>		23c. DATE SIGNED <u>Sept 16 57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 17 - 57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Conway Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Camden Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 16 - 1957</u>		REGISTRAR'S SIGNATURE <u>Zilpha L. Traw</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Reed Funeral Home Camden Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
Signature of Student Embalmer

Signed..... *Robert H Reed*

Licensed Embalmer No. *3745*

P. O. Address *Camden, N.J.*

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.