

FILED SEP 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32306

STATE FILE NUMBER

 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 398

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence</u>		c. CITY OR TOWN <u>Independence</u>		d. STREET ADDRESS <u>1419 W. Short</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Length of stay in lb <u>10 yrs.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Joseph</u>		Middle <u>Woren</u>		Last <u>Seaver</u>		Month <u>Sept.</u> Day <u>6</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 2 - 1893</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR		IF UNDER 24 MRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Order maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (City and state or country) <u>Midland, Indiana, USA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Remuel Seaver</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>707-05-6781</u>		17. INFORMANT <u>Gene Seaver</u>		Address <u>1419 W. Short</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:							<u>Sudden</u>
IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) <u>Coronary Heart disease with</u>							<u>Chronic</u>
DUE TO (c) <u>auricular fibrillation</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
							<u>4201</u>
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY		Hour Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>Aug 9, 1950</u> to <u>Sept 5, 1957</u> and last saw her <u>alive</u> on <u>Sept 5, 1957</u>							
Death occurred at <u>2:30 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>W. H. Huberson M.D.</u>				22b. ADDRESS <u>604 W. Maple Independence, Mo</u>		22c. DATE SIGNED <u>9/7/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>9-9-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bowdler Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Bowdler Illinois</u>	
24. FUNERAL DIRECTOR <u>Poland R. Speaks</u>		ADDRESS <u>Indep. Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9-9-57</u>		26. REGISTRAR'S SIGNATURE <u>James Kray</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300-1-56

Every 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

SEP 25 1957

SEP 16 1957

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 *Anna Yaman Miller*

Licensed Embalmer No. *47*

P. O. Address *Indeg*

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.