

FILED MAY 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018490
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2145

300
1-57

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5720 GRAND</u>		d. STREET ADDRESS (If outside, give location) <u>5770 GRAND</u>	
3. NAME OF DECEASED First Middle Last <u>JOSEPH HAROLD SEYMOUR</u>		4. DATE OF DEATH Month Day Year <u>APRIL 26 1958</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 21, 1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>METAL GOODS CORP</u>	11. BIRTHPLACE (City and state or country) <u>KANSAS CITY, MO.</u>
13a. FATHER'S NAME <u>ANDREW T. SEYMOUR</u>		13b. MOTHER'S MAIDEN NAME <u>ANGELA PARETI</u>	14. NAME OF HUSBAND OR WIFE <u>EMMA SEYMOUR</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-03-3809</u>	17. INFORMANT Address <u>EMMA SEYMOUR - 5720 GRAND.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 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 Sclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hour</u> <u>15 years.</u> <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 a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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>1935</u> to <u>4-26-58</u> and last saw <u>him</u> alive on <u>4-26-58</u> Death occurred at <u>5:25</u> P. <u>m</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Quinn [Signature] M.D.</u> (Degree or title)		22b. ADDRESS <u>KC MO</u>	22c. DATE SIGNED <u>4-27-58</u>
23a. BURIAL, CREMATION, REINTERMENT (Specify)	23b. DATE <u>4-29-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY 33, MO.</u>
24. FUNERAL DIRECTOR ADDRESS <u>MELLODY-McGILLEY-EYLAR - 20 W. LINWOOD - K.C. MO.</u>		25. DATE RECD. BY LOCAL REG. <u>4-27-58</u>	26. REGISTRAR'S SIGNATURE <u>Irene Minshall</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Wm. Ketcham

All diseases in Part I must be causally related.

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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 *E. C. Gibson*

Licensed Embalmer No. *4137*
P. *E. Gibson, Jr., 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.