

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032434
STATE FILE NUMBER

FILED SEP 16 1958 Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Decatur	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		c. CITY OR TOWN Plesanton Iowa. 8148	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wright Memorial Hosp.		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First Albert Middle L. Last Seymour			4. DATE OF DEATH Month September Day 5 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 10, 1876	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days 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 general farming	11. BIRTHPLACE (City and state or country) Mercer Co., Missouri.		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Larkin Seymour		13b. MOTHER'S MAIDEN NAME Elizabeth Harris.		14. NAME OF HUSBAND OR WIFE Harriett I. Seymour. (Deceased)	
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. 491-42-4601		17. INFORMANT Elza Seymour Address Cainsville, Missouri.	

18. CAUSE OF DEATH (Enter only one cause per line) (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Stomach			INTERVAL BETWEEN ONSET AND DEATH 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } 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) operative exploration Sept 30 1958			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 151X	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____			

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 Aug 1st 1958 to Sept 5th 1958 and last saw her alive on Sept 5th 1958 Death occurred at 11:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Do not use title) Oliver F Duffey M. D.		22b. ADDRESS Trenton, Missouri.	
22c. DATE SIGNED 9-6-58					

23a. BURIAL, CREMATION, REMOVAL Burial		23b. DATE Sept 7, 1958		23c. NAME OF CEMETERY OR CREMATORY Hughes Cemetary		23d. LOCATION (City, town, or county) (State) RFD Cainsville, Mo.	
24. FUNERAL DIRECTOR [Signature]		ADDRESS Cainsville, Mo.		25. DATE RECD. BY LOCAL REG. 9/7/58		26. REGISTRAR'S SIGNATURE [Signature]	

All diseases in Part I must be causally related. Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

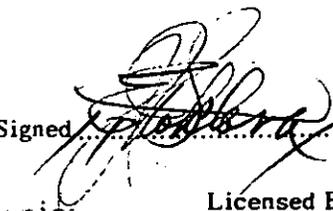
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, of/by Eddie J. Stoklasa Student Embalmer No. working under my personal supervision.

Student Signature of Student Embalmer

Signed  Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.