DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED JUL 13 1959

59–020495
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 691.

1. PLACE OF DEATH: a. COUNTY BUCHANAN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. JOSEPH — Length of stay in 1b: 3 Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE HOSPITAL, No. 2 — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First Margaret Middle Last Seaton
4. DATE OF DEATH: Month July Day 4 Year 1959.
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2.19.1881.
9. AGE (last birthday): 78 Yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Clinton, Iowa.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Patrick McGuire
13b. MOTHER'S MAIDEN NAME: Millie Bowman
14. NAME OF HUSBAND OR WIFE: Deceased
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.: None
17. INFORMANT: Mary Louise Hackett, Cameron — Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic Pnamonia . 1 Wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Decompensated Heart . Chronic
DUE TO (c) Arteriosclerosis . 10 Yrs.
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 July.4.1959 to July.4.1959 and last saw her/him alive on not seen alive
Death occurred at 6:20 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. E. Cossins MD
22b. ADDRESS State Hospital, No. 2.
22c. DATE SIGNED 7.4.59 7/4/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7.7.1959.
23c. NAME OF CEMETERY OR CREMATORY Lathrop, Cemetery
23d. LOCATION (City, town, or county) (State) Lathrop, Mo.

24. FUNERAL DIRECTOR DeMoss Crunk — ADDRESS Cameron, Mo.
25. DATE RECD. BY LOCAL REG. July 6, 1959
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

BY AFFIDAVIT OF C. E. Cossins MD — MEDICAL CERTIFICATION — DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed DeMoss Crunk. DeMoss Cr

Signature of Student Embalmer

Licensed Embalmer No. 2533.

P. O. Address Cameron. M

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