

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036404

FILED VS OCT 16 1959

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4751

UNDECEASED

| | | | |
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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | Length of stay in 1b 6yrs. | c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5805 GRAND | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 5805 GRAND Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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|---|--------|--|--|-------|-----|
| 3. NAME OF DECEASED (Type or print) RALPH VANDYKE SEWARD SR. | | | 4. DATE OF DEATH SEPT 29, 1959 | | |
| First | Middle | | Last | Month | Day |

| | | | | | | |
|-----------------------|----------------------------------|---|---|--|---|----------------|
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH JULY 6, 1887 | 9. AGE (last birthday) 72 yrs. | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
|-----------------------|----------------------------------|---|---|--|---|----------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) HARDIN MO | 12. CITIZEN OF WHAT COUNTRY USA |
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|---|--|---|
| 13a. FATHER'S NAME RILEY SEWARD | 13b. MOTHER'S MAIDEN NAME EMMA L. WOOD | 14. NAME OF HUSBAND OR WIFE HENRIETTA LOUISE SEWARD |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WWI | 16. SOCIAL SECURITY NO. 497 36 4549 | 17. INFORMANT HENRIETTA LOUISE SEWARD Address 5805 GRAND |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH 1 week |
| IMMEDIATE CAUSE (a) uremia | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Hypertension - arteriosclerotic Cerebrovascular Disease | 10 yrs |
| | DUE TO (c) with decompensation | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Hypertensive Prostate | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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.) |
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| 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____ |
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|---|--|------------------------------|--------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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 **Oct 10 1958**, to **Sept 28 - 59** and last saw ^{her}him alive on **Sept 26 - 59**
Death occurred at **2 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

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|---|--------------------------------|--|------------------------------------|
| 22a. SIGNATURE <i>Frank B. Leitz</i> | (Degree or title) MD | 22b. ADDRESS 1530 Park Belknap City Mo | 22c. DATE SIGNED 9-28-59 |
|---|--------------------------------|--|------------------------------------|

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Oct. 1/1959 | 23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery | 23d. LOCATION (City, town, or county) (State) Kansas City Missouri |
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| 24. FUNERAL DIRECTOR D.W. Newcomers Sons | ADDRESS 1331 Rush Creek Blvd. | 25. DATE RECD. BY LOCAL REG. 10-1-59 | 26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i> |
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Kansas City Missouri

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Frank B. Leitz

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 John H. Kalsbeek
Licensed Embalmer No. 4949

P. O. Address No. Kansas

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.